MEDICAID DURABLE MEDICAL EQUIPMENT (DME) AND SUPPLIES LISTING

The following listing, based upon the Healthcare Common Procedure Coding System (HCPCS), describes equipment and supplies, coverage limitations, and pre-authorization requirements. The following issting Lobest upon the Healthcare common increase countries equipment and suppress, overlage immanations, and pre-automation requirements. The DME Listing HCPCS codes must be used for all Medicaid claims, regardless of whether Medicare uses the same HCPCS code for the item. Pre-authorization by Medicaid is not required when Medicare is the primary payer. Reimbursement for Medicare crossover claims will be made in accordance with established Medicare HCPCS codes and guidelines.

When extended utilization or unusual amounts or types of equipment or supplies are required, the provider must request pre-authorization from KePRO, the Department of Medical Assistance Services' (DMAS) pre-authorization contractor. Instructions regarding preauthorization may also be found in Appendix D of this Provider Manual. Items not identified in the listing require pre-authorization and may be submitted to preauthorization under the appropriate miscellaneous HCPCS code. Lack of a specific HCPCS code for the item does not determine coverage. The appropriate
miscellaneous code may be used and submitted for preauthorization.

Providers must maintain documentation in accordance with the coverage criteria, documentation requirements, and Certificate of Medical Necessity (CMN) requirements as defined in Chapter IV and VI of this Provider Manual, regardless of whether or not pre-authorization is required.

The key below identifies the codes used in the DME Listing.

- N = Pre-authorization is not required up to the established limit Y = Pre-authorization is required P = Purchase RR = "Rental"

- IC = Individual Consideration
- UCC = Usual and Customary Charge

*Medicaid reimbursement for rental items is a daily rate. DMAS will not provide rental reimbursement for days on which the recipient did not use the item. Please reference rental versus purchase guidelines in Chapter IV of this Provider Manual for additional requirements.

Wheelchair and Accessories UCC = Bill Usual and Customary Charge C = Individual Consideration Description Billing Unit PA Type Required C = Individual Consideration PA Type Wheelchair documentation: Medicaid will not pay for assistive devices, such as wheelchairs and potty chairs for restraint purposes. Documentation must descrimpairments, and how the wheelchair is required, and will be used, within the recipient's nome environment. Documentation must indicate how needs were me recipient's condition to require a wheelchair, and other cost effective alternatives explored. See Chapter IV of the DME and Supplies Manual for additional Wheelchair Accessories Wheelchair Accessory, Headrest, Cushioned, Prefabricated, Including Fixed Mounting Each N	previously, wha	1/60 Months 1/60 Months 1/60 Months 1/60 Months 1/60 Months 1/60 Months 3 Months 2/60 Months
Did HCPCS Face to Code Code Code Code Description Billing Unit PA Type	\$138.00 \$138.00 \$0.46 \$161.87 \$62.75 \$0.21 \$50.65 \$0.17	irments, postural to changed in the aquirements. 1/60 Months 3 Months 1/60 Months 1/60 Months 3 Months 2/60 Months 3 Months
Code Required Requ	\$138.00 \$138.00 \$0.46 \$161.87 \$62.75 \$0.21 \$50.65 \$0.17	irments, postural to changed in the aquirements. 1/60 Months 3 Months 1/60 Months 1/60 Months 3 Months 2/60 Months 3 Months
Wheelchair documentation: Medicaid will not pay for assistive devices, such as wheelchairs and potty chairs for restraint purposes. Documentation must descrimpairments, and how the wheelchair is required, and will be used, within the recipient's nome environment. Documentation must indicate how needs were me recipient's condition to require a wheelchair, and other cost effective alternatives explored. See Chapter IV of the DME and Supplies Manual for additional wheelchair scoresory, Headrest and Parts Wheelchair Accessory, Headrest, Cushioned, Prefabricated, Including Fixed Mounting Hardware Each N	\$138.00 \$1.38.00 \$0.46 \$161.87 \$62.75 \$0.21 \$50.65 \$0.17	1/60 Months 1/60 Months 1/60 Months 1/60 Months 1/60 Months 1/60 Months 3 Months 2/60 Months
Wheelchair documentation: Medicaid will not pay for assistive devices, such as wheelchairs and potty chairs for restaint purposes. Documentation must descriping impairments, and how the wheelchair is required, and will be used, within the recipient's home environment. Documentation must indicate how needs were me recipient's condition to require a wheelchair, and other cost effective alternatives explored. See Chapter IV of the DME and Supplies Manual for additional wheelchair seems of the property of the DME and Supplies Manual for additional wheelchair Accessory, Headrest Accessories Wheelchair Accessory, Headrest, Cushioned, Prefabricated, Including Fixed Mounting Hardware Hardware (Brossory, Headrest, Cushioned, Prefabricated, Including Fixed Mounting Hardware (Brossory, Headrest, Cushioned, Prefabricated, Including Fixed Mounting Hardware (Brossory, Headrest, Cushioned, Prefabricated, Including Fixed Mounting Hardware (Brossory, Headrest Extension Day Namual Wheelchair Accessory, Headrest Extension Each Namual Wheelchair Accessory, Headrest Extension Day Namual Wheelchair Accessory, Adjustable Height, Detachable Armrests, Complete Assembly, Each Namual Wheelchair Accessory, Adjustable Height, Detachable Armrests, Complete Assembly, Each Pyes E0973 R Wheelchair Accessory, Adjustable Height, Detachable Armrests, Complete Assembly, Each For use only with Group 3 and above) Yes	\$138.00 \$1.38.00 \$0.46 \$161.87 \$62.75 \$0.21 \$50.65 \$0.17	1/60 Months 1/60 Months 1/60 Months 1/60 Months 1/60 Months 1/60 Months 3 Months 2/60 Months
Headrest and Parts	\$0.46 \$161.87 \$62.75 \$0.21 \$50.65 \$0.17 \$79.19 \$16.23	3 Months 1/60 Months 1/60 Months 3 Months 2/60 Months 3 Months
Headrest and Parts	\$0.46 \$161.87 \$62.75 \$0.21 \$50.65 \$0.17 \$79.19 \$16.23	3 Months 1/60 Months 1/60 Months 3 Months 2/60 Months 3 Months
E0955 Wheelchair Accessory, Headrest, Cushioned, Prefabricated, Including Fixed Mounting Hardware E0956 RR Meelchair Accessory, Headrest, Cushioned, Prefabricated, Including Fixed Mounting Hardware E0956 U1 Wheelchair Accessory, Headrest, Cushioned, Prefabricated, Including Fixed Mounting Hardware (for use only with Group 3 and above) Yes E0966 Manual Wheelchair Accessory, Headrest Extension Yes E0966 RR Manual Wheelchair Accessory, Headrest Extension Arm Rest/Arm Trough Yes E0973 Wheelchair Accessory, Headrest Extension Day N Arm Rest/Arm Trough Yes E0973 Wheelchair Accessory, Adjustable Height, Detachable Armrests, Complete Assembly, Each Yes E0973 Wheelchair Accessory, Adjustable Height, Detachable Armrests, Complete Assembly, Each Yes E0973 U1 Wheelchair Accessory, Adjustable Height, Detachable Armrests, Complete Assembly, Each E0973 U1 Wheelchair Accessory, Adjustable Height, Detachable Armrests, Complete Assembly, Each (For use only with Group 3 and above) Yes E0994 RR Arm Rests, Each Yes E0994 RR Arm Rests, Each E2209 R Accessory, Arm Trough, With Or Without Hand Support, Each Each N E2209 R Accessory, Arm Trough, With Or Without Hand Support, Each (For use only with Group 3 and Above) E2209 R Accessory, Arm Trough, With Or Without Hand Support, Each (For use only with Group 3 and Above) Wheelchair Accessory, Sholder Elbow, Mobile Arm Support Attached To Wheelchair, Balanced, Adjustable Each Sholder Elbow, Mobile Arm Support Attached To Wheelchair, Day N	\$0.46 \$161.87 \$62.75 \$0.21 \$50.65 \$0.17 \$79.19 \$16.23	3 Months 1/60 Months 1/60 Months 3 Months 2/60 Months 3 Months
E0955 RR Wheelchair Accessory, Headrest, Cushioned, Prefabricated, Including Fixed Mounting Hardware (for use only with Group 3 and above) Yes E0966 Manual Wheelchair Accessory, Headrest Extension Each Y Manual Wheelchair Accessory, Headrest Extension Day N Yes E0966 RR Manual Wheelchair Accessory, Headrest Extension Day N Yes E0967 Wheelchair Accessory, Headrest Extension Day N Arm Rest/Arm Trough Yes E0973 Wheelchair Accessory, Adjustable Height, Detachable Armrests, Complete Assembly, Each N Yes E0973 RR Wheelchair Accessory, Adjustable Height, Detachable Armrests, Complete Assembly, Each N Yes E0973 U Wheelchair Accessory, Adjustable Height, Detachable Armrests, Complete Assembly, Each Day N Yes E0973 U Wheelchair Accessory, Adjustable Height, Detachable Armrests, Complete Assembly, Each For use only with Group 3 and above) Each N Yes E0994 R Arm Rests, Each Each N Yes E0994 R Arm Rests, Each Day N E2209 Accessory, Arm Trough, With Or Without Hand Support, Each Each N E2209 R Accessory, Arm Trough, With Or Without Hand Support, Each Each N Day N Recessory, Arm Trough, With Or Without Hand Support, Each For use only with Group 3 and Above) Wheelchair Accessory, Sholder Elbow, Mobile Arm Support Attached To Wheelchair, Balanced, Adjustable Each R Balanced, Adjustable Day N N Wheelchair Accessory, Sholder Elbow, Mobile Arm Support Attached To Wheelchair, Day N N E2626 RR Balanced, Adjustable Day N N	\$0.46 \$161.87 \$62.75 \$0.21 \$50.65 \$0.17 \$79.19 \$16.23	3 Months 1/60 Months 1/60 Months 3 Months 2/60 Months 3 Months
E0955 UT Wheelchair Accessory, Headrest, Cushioned, Prefabricated, Including Fixed Mounting Hardware (for use only with Group 3 and above) Yes E0966 Manual Wheelchair Accessory, Headrest Extension Each N Yes E0966 RR Manual Wheelchair Accessory, Headrest Extension Day N Wheelchair Accessory, Headrest Extension Day N Yes E0973 Wheelchair Accessory, Adjustable Height, Detachable Armrests, Complete Assembly, Each Seach Each Day N Yes E0973 UT Wheelchair Accessory, Adjustable Height, Detachable Armrests, Complete Assembly, Each Pach Feach Day N Yes E0973 UT Wheelchair Accessory, Adjustable Height, Detachable Armrests, Complete Assembly, Each Fro use only with Group 3 and above) Yes E0994 Arm Rests, Each Each Day N Yes E0994 Arm Rests, Each Each N E2209 Accessory, Arm Trough, With Or Without Hand Support, Each Each N E2209 RA Accessory, Arm Trough, With Or Without Hand Support, Each Day N E2209 UT Accessory, Arm Trough, With Or Without Hand Support, Each Day N E2209 UT Accessory, Arm Trough, With Or Without Hand Support, Each For use only with Group 3 and Above) Wheelchair Accessory, Sholder Elbow, Mobile Arm Support Attached To Wheelchair, Balanced, Adjustable Balanced, Agjustable Day N E2626 RR Balanced, Agjustable Day N E2626 RR Balanced, Agjustable Day N	\$161.87 \$62.75 \$0.21 \$50.65 \$0.17 \$79.19 \$16.23	1/60 Months 1/60 Months 3 Months 2/60 Months 3 Months
Yes E0966 Manual Wheelchair Accessory, Headrest Extension Each N Yes E0966 RR Manual Wheelchair Accessory, Headrest Extension Day N Wheelchair Accessory, Headrest Extension Day N Yes E0973 Wheelchair Accessory, Adjustable Height, Detachable Armrests, Complete Assembly, Each Each Day N Yes E0973 U1 Wheelchair Accessory, Adjustable Height, Detachable Armrests, Complete Assembly, Each For use only with Group 3 and above) Yes E0973 U1 Wheelchair Accessory, Adjustable Height, Detachable Armrests, Complete Assembly, Each For use only with Group 3 and above) Yes E0994 Arm Rests, Each Each N Yes E0994 Arm Arm Rests, Each Each N E2099 Arm Arm Rests, Each Day N E2209 RA Accessory, Arm Trough, With Or Without Hand Support, Each Each N E2209 RA Accessory, Arm Trough, With Or Without Hand Support, Each Day N E2209 U1 Accessory, Arm Trough, With Or Without Hand Support, Each Day N E2209 U1 Accessory, Arm Trough, With Or Without Hand Support, Each For use only with Group 3 and Above) Wheelchair Accessory, Sholder Elbow, Mobile Arm Support Attached To Wheelchair, Balanced, Adjustable Balanced, Adjustable Day N E2626 RR Balanced, Adjustable Day N	\$62.75 \$0.21 \$50.65 \$0.17 \$79.19 \$16.23	1/60 Months 3 Months 2/60 Months 3 Months
Yes E0966 RR Manual Wheelchair Accessory, Headrest Extension Day N Arm Rest/Arm Trough Wheelchair Accessory, Adjustable Height, Detachable Armrests, Complete Assembly, Each N Yes E0973 RR Wheelchair Accessory, Adjustable Height, Detachable Armrests, Complete Assembly, Each Day N Yes E0973 U Wheelchair Accessory, Adjustable Height, Detachable Armrests, Complete Assembly, Each For use only with Group 3 and above) Yes E0994 Rr Arm Rests, Each Each N Yes E0994 RR Arm Rests, Each Day N E2209 Accessory, Arm Trough, With Or Without Hand Support, Each Each N E2209 RA Cocessory, Arm Trough, With Or Without Hand Support, Each (For use only with Group 3 and Above) E2209 RA Cocessory, Arm Trough, With Or Without Hand Support, Each (For use only with Group 3 and Above) Wheelchair Accessory, Sholder Elbow, Mobile Arm Support Attached To Wheelchair, Balanced, Adjustable Day N E2626 RR Balanced, Adjustable Day N E2626 RR Balanced, Adjustable Day N E2626 RR Balanced, Adjustable Day N	\$0.21 \$50.65 \$0.17 \$79.19 \$16.23	3 Months 2/60 Months 3 Months
Yes E0973 RR Wheelchair Accessory, Adjustable Height, Detachable Armrests, Complete Assembly, Each N Wheelchair Accessory, Adjustable Height, Detachable Armrests, Complete Assembly, Each N Wheelchair Accessory, Adjustable Height, Detachable Armrests, Complete Assembly, Each Day N N Yes E0973 RI Wheelchair Accessory, Adjustable Height, Detachable Armrests, Complete Assembly, Each Seath (For use only with Group 3 and above) Each For use only with Group 3 and above) Each N Yes E0994 RA from Rests, Each Each N Each N E2209 AR Accessory, Arm Trough, With Or Without Hand Support, Each Each N E2209 RR Accessory, Arm Trough, With Or Without Hand Support, Each Day N E2209 Unit And Above) Wheelchair Accessory, Sholder Elbow, Mobile Arm Support Attached To Wheelchair, Each Y Wheelchair Accessory, Sholder Elbow, Mobile Arm Support Attached To Wheelchair, Day N E2626 RR Balanced, Adjustable Day N N	\$50.65 \$0.17 \$79.19 \$16.23	2/60 Months 3 Months
Yes E0973 Wheelchair Accessory, Adjustable Height, Detachable Armrests, Complete Assembly, Each N Yes E0973 RR Wheelchair Accessory, Adjustable Height, Detachable Armrests, Complete Assembly, Each Wheelchair Accessory, Adjustable Height, Detachable Armrests, Complete Assembly, Each (For use only with Group 3 and above) Yes E0973 U1 Wheelchair Accessory, Adjustable Height, Detachable Armrests, Complete Assembly, Each (For use only with Group 3 and above) Yes E0994 Arm Rests, Each Each N Yes E0994 RR Arm Rests, Each Day N E2209 Accessory, Arm Trough, With Or Without Hand Support, Each Each N E2209 RA Accessory, Arm Trough, With Or Without Hand Support, Each Day N Accessory, Arm Trough, With Or Without Hand Support, Each (For use only with Group 3 Each Accessory, Arm Trough, With Or Without Hand Support, Each (For use only with Group 3 Each Y Wheelchair Accessory, Sholder Elbow, Mobile Arm Support Attached To Wheelchair, Balanced, Adjustable Each R Wheelchair, Accessory, Sholder Elbow, Mobile Arm Support Attached To Wheelchair, Day N E2626 RR Balanced, Adjustable Day N	\$0.17 \$79.19 \$16.23	3 Months
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Yes E0973 UT Wheelchair Accessory, Adjustable Height, Detachable Armrests, Complete Assembly, Each (For use only with Group 3 and above) Yes E0994 Arm Rests, Each Each N Yes E0994 RR Arm Rests, Each Each N E2099 Accessory, Arm Trough, With Or Without Hand Support, Each Each N E2209 RA Accessory, Arm Trough, With Or Without Hand Support, Each Day N E2209 UT Accessory, Arm Trough, With Or Without Hand Support, Each Day N E2209 UT Accessory, Arm Trough, With Or Without Hand Support, Each (For use only with Group 3 Accessory, Arm Trough, With Or Without Hand Support, Each (For use only with Group 3 Accessory, Arm Trough, With Or Without Hand Support, Each (For use only with Group 3 Accessory, Sholder Elbow, Mobile Arm Support Attached To Wheelchair, Each Y Wheelchair Accessory, Sholder Elbow, Mobile Arm Support Attached To Wheelchair, Each Y E2626 RR Balanced, Adjustable Day N	\$79.19 \$16.23	
Tes Each (For use only with Group 3 and above) Each Y Yes E0994 Arm Rests, Each Each N Yes E0994 RR Arm Rests, Each Day N E2209 Accessory, Arm Trough, With Or Without Hand Support, Each Each N E2209 RA (Accessory, Arm Trough, With Or Without Hand Support, Each Day N Accessory, Arm Trough, With Or Without Hand Support, Each Day N E2209 U1 and Above) E2209 U1 and Above) E2209 U1 selection Accessory, Sholder Elbow, Mobile Arm Support Attached To Wheelchair, Balanced, Adjustable E2626 RR Balanced, Adjustable Day N	\$16.23	
Yes E0994 RR Arm Rests, Each Day N E2209 Accessory, Arm Trough, With Or Without Hand Support, Each Each N E2209 RR Accessory, Arm Trough, With Or Without Hand Support, Each Day N Accessory, Arm Trough, With Or Without Hand Support, Each (For use only with Group 3 and Above) E2209 U Meelchair Accessory, Sholder Elbow, Mobile Arm Support Attached To Wheelchair, E2626 Balanced, Adjustable Each Y Wheelchair Accessory, Sholder Elbow, Mobile Arm Support Attached To Wheelchair, E2626 RR Balanced, Adjustable Day N		2/60 Months
E2209 Accessory, Arm Trough, With Or Without Hand Support, Each Day N E2209 RR Accessory, Arm Trough, With Or Without Hand Support, Each Day N Accessory, Arm Trough, With Or Without Hand Support, Each (For use only with Group 3 E2209 U1 and Above) E2209 U1 and Above) E2626 Balanced, Adjustable Each Y Wheelchair Accessory, Sholder Elbow, Mobile Arm Support Attached To Wheelchair, E2626 RR Balanced, Adjustable Day N E2626 RR Balanced, Adjustable Day N	\$0.05	2/24 Months
E2209 RR Accessory, Arm Trough, With Or Without Hand Support, Each Day N E2209 U1 and Above) Wheelchair Accessory, Sholder Elbow, Mobile Arm Support Attached To Wheelchair, E2626 Balanced, Adjustable E2626 RR Balanced, Adjustable E2626 RR Balanced, Adjustable Day N N		3 Months
Accessory, Arm Trough, With Or Without Hand Support, Each (For use only with Group 3 and Above) Wheelchair Accessory, Sholder Elbow, Mobile Arm Support Attached To Wheelchair, E2626 Balanced, Adjustable Wheelchair Accessory, Sholder Elbow, Mobile Arm Support Attached To Wheelchair, E2626 RR Balanced, Adjustable Day N	\$80.83	2/24 Months
E2209 U1 and Above) Each Y Wheelchair Accessory, Sholder Elbow, Mobile Arm Support Attached To Wheelchair, Balanced, Adjustable E2626 RR Balanced, Adjustable E2626 RR Balanced, Adjustable Day N	\$0.27	3 Months
E2626 Balanced, Adjustable Each Y Wheelchair Accessory, Sholder Elbow, Mobile Arm Support Attached To Wheelchair, E2626 RR Balanced, Adjustable Day N	\$88.84	2/24 Months
E2626 RR Balanced, Adjustable Day N	\$582.37	2/24 Months
	\$1.94	3 Months
Wheelchair Accessory, Sholder Elbow, Mobile Arm Support Attached to Wheelchair, E2627 Balanced, Adjustable Rancho Type Each Y	\$900.83	2/24 Months
Wheelchair Accessory, Sholder Elbow, Mobile Arm Support Attached to Wheelchair, E2627 RR Balanced, Adjustable Rancho Type Day N	\$3.00	3 Months
Wheelchair Accessory, Sholder Elbow, Mobile Arm Support Attached to Wheelchair, E2628 Balanced, Reclining Each Y	\$699.00	2/24 Months
Wheelchair Accessory, Sholder Elbow, Mobile Arm Support Attached to Wheelchair, E2628 RR Balanced. Reclining Day N	\$2.33	3 Months
Wheelchair Accessory, Shoulder Elbow, Mobile Arm Support Attached to Wheelchair,	Ψ2.00	O MONINO
Balanced, Friction Arm Support (Friction Dampening to Proximal and Distal Joints) E2629 Each Y	\$896.07	2/24 Months
Wheelchair Accessory, Shoulder Ellow, Mobile Arm Support Attached to Wheelchair,		
Balanced, Friction Arm Support (Friction Dampening to Proximal and Distal Joints) E2629 RR Day N	\$2.99	3 Months
Wheelchair Accessory, Shoulder Elbow, Mobile Arm Support Monosuspension Arm and Hand Support, Overhead Elbow Forearm Hand Sling Support, Yoke Type Suspension		
E2630 Support Each Y	\$597.50	2/24 Months
Wheelchair Accessory, Shoulder Elbow, Mobile Arm Support Monosuspension Arm and Hand Support, Overhead Elbow Forearm Hand Sling Support, Yoke Type Suspension		
E2630 RR Support Day N	\$1.99	3 Months
E2631 Wheelchair Accessory, Addition to Mobile Arm Support, Elevating Proximal Arm Each N	\$285.67	2/24 Months
E2631 RR Wheelchair Accessory, Addition to Mobile Arm Support, Elevating Proximal Arm Day N	\$0.95	3 Months
E2632 Wheelchair Accessory, Addition to Mobile Arm Support, Offset or Lateral Rocker Each N E2632 RR Wheelchair Accessory, Addition to Mobile Arm Support, Offset or Lateral Rocker Day N	\$158.83	2/24 Months
	\$0.53 \$135.37	3 Months 2/24 Months
E2633 Wheelchair Accessory, Addition to Mobile Arm Support, Supinator Each N E2633 RR Wheelchair Accessory, Addition to Mobile Arm Support, Supinator Day N	\$135.37	3 Months
E203 KR Wheelchair Accessory, Administration To Modern Support, Supriator Day N K0015 Detachable, Nonadjustable Height Armest, Each Each N	\$121.94	2/36 Months
NO013 Detachable, Nonadjustable Height Armest, Each Lach NO NO NO NO NO NO NO N	\$0.41	3 Months
K0015 UT Detachable, Nonadjustable Height Armrest, Each (For use only with Group 3 and above) Each Y	\$147.47	2/36 Months
K0017 Detachable, Adjustable Height Armrest, Base, Replacement only, Each N	\$40.29	2/36 Months
K0017 RR Detachable, Adjustable Height Armrest, Base, Replacement only, Each Day N Detachable, Adjustable Height Armrest, Base, Replacement only, Each (For use only with	\$0.13	3 Months
K0017 U1 Group 3 and above) Each Y	\$44.87 \$22.78	2/36 Months 2/36 Months
' K0018 RR Detachable, Adjustable Height Armrest, Upper Portion, Replacement only, Each Day N	\$22.78	3 Months
Detachable, Adjustable Height Armrest, Upper Portion, Replacement only, Each (For use K0018 U1 only with Group 3 and above) Each Y	\$24.70	2/36 Months
K0019 Arm Pad, Replacement only, Each Each N	\$12.52	2/24 Months
K0019 U1 Arm Pad, Each (For use only with Group 3 and above) Each Y	\$13.22	2/24 Months
K0020 Fixed, Adjustable Armrest, pair Each N	\$39.48	2/24 Months
K0020 RR Fixed, Adjustable Armrest, pair Day N	\$0.13	3 Months
K0020 U1 Fixed, Adjustable Armrest, pair (For use only with Group 3 and above) Each Y	\$41.03	2/24 Months

BSS				Legrest/Footplate/Leg Trough/Other Leg and Foot Accessories				
BESSION Control Cont				Heel Loop/Holder, With Or Without Ankle Strap, Each	Each	N	\$13.49	2/24 Months
ESSIVE March Mar			E0951 RR	Heel Loop/Holder, With Or Without Ankle Strap, Each	Day	Ν	\$0.05	3/Months/ Year
Proposition			E0951 U1					
Section				Toe Loop/Holder, Each				
E0053 Protections accessory, factor ship or leve support, my year including fixed protection for the company of the compan				Toe Loop/Holder, Each	Day	N	\$0.05	3/Months/ Year
E995 N					Each	Y	\$16.37	2/24 Months
Bottom				mounting hardware, each	Each	N	\$65.61	2/24 Months
Buildingst., Geol Deck.				mounting hardware, each	Day	N	\$0.22	3/Months
E6954 RR Wheelshaft accessory, for box, say type, include attachment and mounting Day N Sp. 11 3Meeting Physics			E0954		Each	N	\$45.80	2/24 Months
Company			E0954 RR	Wheelchair accessory, foot box, any type, includes attachment and mounting		N		
Year Copposite Windows and consequery, Excending up Read Consequence Assessing (Section For Section 1)		.,		No. 2 Footplates, Except For Elevating Leg Rests	Each	N	\$25.31	2/60 Months
Very Copposite International Accessory, Externation Copposite Accessory, Care (Part Man Agriculture Copposited Accessory, Care (Part Man Agriculture Copposited Accessory, Care (Part Man Agriculture Copposited Accessory, Astron To Power Searing System, Machineraby Linksof Ling								
E0000 IN Venedors Accessory, Cold Pacific Res on the Wind Control of Lived Liquid Economic Septem, Indicated point and an accessory Accessors Accessors Accessory Accessors Accessors Accessors Accessory Accessors		Yes		Wheelchair Accessory, Elevating Leg Rest, Complete Assembly, Each (For use only with				
E1009 RM								
E1009 RR			E1009	Wheelchair Accessory, Addition To Power Seating System, Mechanically Linked Leg	Each	Y	\$23.81	2/24 Months
Encotice Oystem, Problems of Parties And			E1009 RR		Each	Y	P-\$ IC	1/60 Months
Tribution Learn Peter Part No. \$507.25 1400 Marter 1400 Mart				Elevation System, Including Pushrod And Leg Rest, Each	Day	Υ	P-\$ IC	3 Months
Included Leaf Each					Pair	N	\$970.25	1/60 Months
NO.0071 High Metter (File La Potentia, Replacement only, Each (For use only with Group 2) Each N \$35.74 200 Months No.007 High Method File Ly Fortest Replacement only Each (For use only with Group 3) Each N \$35.74 200 Months No.007 N \$30.75 No.007 N \$30.75 No.007 N \$30.75 N \$30.75 No.007 N \$30.75 N \$30.75			E1010 RR		Day	N	\$3.17	3 Months
100 100				High Mount Flip-Up Footrest, Replacement only, Each				
MODIST 1, 195, 195, 195, 195, 195, 195, 195, 1				and above)				
MODISTAND 1.5 miles 1.5								
MODISTR sq. Storp, it 1966, Each			K0038 U1	Leg Strap, Each (For use only with Group 3 and above)	Each	у	\$21.20	2/24 Months
R0099 U1 Les Strop, H 596. Each For use orly with Group 3 and above)						N		
R0000 RR Adjustable Angle Footpiele, Each For use with Group 3 and allows) Each V 30.0147 2000 Months			K0039 U1	Leg Strap, H Style, Each (For use only with Group 3 and above)	Each	Υ	\$47.13	2/24 Months
FROM R.			K0040 RR	Adjustable Angle Footplate, Each	Day	N	\$0.16	3 Months
MODELLI R. Large Size Footplate, Each Modelli R.								
ROO42 Standard Size Footbate, Replacement only, Each For use with only Group 3 and 8 Sept. N \$25,64 200 Months Roo42 Sept. N \$25,05 Sept. Sept. N \$25,05 Sept. N \$25				Large Size Footplate, Each				
RODU-2U Spores Spore S				Standard Size Footplate, Replacement only, Each				
			K0042 U1	Standard Size Footplate, Replacement only, Each (For use with only Group 3 and above)	Each	Υ	\$29.76	2/60 Months
RO04 U1 South Hanger Bracket, Replacement only, Each Face			K0043		Each	N	\$16.38	2/36 Months
ROO4-U1 Footrest, Cupper Reasembly, Replacement only, Each For use with only Group 3 and Each N \$44.89 2/98 Months ROO5-U1 Rootrest, Complete Assembly, Replacement only, Each Each N \$45.90 2/98 Months ROO5-U1 Rootrest, Complete Assembly, Replacement only, Each For use with only Group 3 and Each N \$16.50 2.98 Months ROO5-U1 Rootrest, Complete Assembly, Replacement only, Each For use with Rootrest Root				3 and above)				
MOUST Footrest, Complete Assembly, Replacement only, Each Each Y. \$50.04 258 Months								
RO046 Elevating Lagrest, Lower Extension Tube, Replacement only, Each Each N \$16.50 2/36 Morths				Footrest, Complete Assembly, Replacement only, Each				
Mode 1				Elevating Legrest, Lower Extension Tube, Replacement only, Each				
Elevating Legresst, Upper Hanger Bracket, Replacement only, Each (For use with vision of Croux 3 and above)			K0046 U1		Each	Υ	\$16.97	2/36 Months
K0057 U			K0047	Elevating Legrest, Upper Hanger Bracket, Replacement only, Each		N	\$58.28	
K0051 Cam Release Assembly, Footrest Or Legrest, Replacement only, Each Each N \$4.718 2/36 Morths				only Group 3 and above)				
Main								
K0052 U1 Swing Away Detachable Footrest, Replacement only, (For use with only Group 3 Each N \$63.43 2:26 Months			K0051 II1	Cam Release Assembly, Footrest Or Legrest, Replacement only, Each (For use	Fach	· ·	\$46.06	2/36 Months
Reach Y \$75.76 2758 Morths			K0052	Swing Away Detachable Footrest, Replacements only, Each				
K0053 RR Elwating Foot Rests, Articulating (Telescoping), Each (For use with only Group 3 and Jove) Sand Jove Sand Jov			K0052 U1		Each	Υ	\$75.76	2/36 Months
K0053 UT Elevating Foot Rests, Articulating (Telescoping), Each (For use with only Group 3 and above) Each								
K0195 Elevating Leg Rest, Pair Day N \$236.37 1/36 Morths K0195 RR Elevating Leg Rest, Pair Day N \$0.34 3 Morths Planar Back/Back Cushion and Upholstery Day N \$0.34 3 Morths Planar Back/Back Cushion and Upholstery Planar Back/Back/Back/Back/Back/Back/Back/Back/				Elevating Foot Rests, Articulating (Telescoping), Each (For use with only Group 3 and				
K0195 RR Elevating Leg Rest, Pair Planar Back/Back Cushion and Upholstery				Elevating Leg Rest, Pair	Pair		\$236.37	1/36 Months
Yes E0982 U Wheelchair Accessory, Back Upholstery, Replacement Only, Each (For use with only Group 3 and above) E2931 M Sack, Planar, For Pediatric Size Wheelchair Including Fixed Attaching Hardware Each Y \$42.20 1/24 Months Back, Contoured, For Pediatric Size Wheelchair Including Fixed Attaching Hardware Day Y \$0.85 3 Months E2291 RR Back, Planar, For Pediatric Size Wheelchair Including Fixed Attaching Hardware Day Y \$0.85 3 Months E2293 RR Back, Planar, For Pediatric Size Wheelchair Including Fixed Attaching Hardware Day Y \$0.85 3 Months E2293 RB Back, Contoured, For Pediatric Size Wheelchair Including Fixed Attaching Hardware Day Y \$1.40 3 Months E2293 RB Back, Contoured, For Pediatric Size Wheelchair Including Fixed Attaching Hardware Day Y \$1.40 3 Months E2293 RB Back, Contoured, For Pediatric Size Wheelchair Including Fixed Attaching Hardware Day Y \$1.40 3 Months E2293 RB Back, Contoured, For Pediatric Size Wheelchair Including Fixed Attaching Hardware Day Y \$1.40 3 Months E2293 RB Back, Contoured, For Pediatric Size Wheelchair Including Fixed Attaching Hardware Day Y \$1.40 3 Months E2293 RB Back, Contoured, For Pediatric Size Wheelchair Including Fixed Attaching Hardware Day Y \$1.40 3 Months E2611 Including Any Type Mounting Hardware (For use only with Group 3 and above) Each Y \$1.39.24 1/24 Months E2611 UI Back Use Mheelchair Back Cushion, Width 22 Inches Or Greater, Any Height, Including Any Type Mounting Hardware (For use only with Group 3 and above) Each Y \$343.18 1/24 Months Positioning Wheelchair Back Cushion, Posterior, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware (For use only with Group 3 and above) Each Y \$327.02 1/24 Months Positioning Wheelchair Back Cushion, Posterior, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware (For use only with Group 3 and above) Each Y \$333.43 1/24 Months Positioning Wheelchair Back Cushion, Posterior, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware (For use only with Group 3 and				Elevating Leg Rest, Pair				
Yes E0982 U1 Wheelchair Accessory, Back Upholstery, Replacement Only, Each (For use with only Group 3 and above) E2291 Back, Planar, For Pediatric Size Wheelchair Including Fixed Attaching Hardware Each Y \$2.62.77 1/24 Months E2291 RB Back, Planar, For Pediatric Size Wheelchair Including Fixed Attaching Hardware Day Y \$0.85 3 Months Back, Contoured, For Pediatric Size Wheelchair Including Fixed Attaching Hardware Day Y \$0.85 3 Months E2293 RB Back, Contoured, For Pediatric Size Wheelchair Including Fixed Attaching Hardware Each Y \$434.14 1/24 Months E2293 RR Back, Contoured, For Pediatric Size Wheelchair Including Fixed Attaching Hardware Each Y \$434.14 1/24 Months E2293 RR General Use Wheelchair Back Cushion, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware (For use only with Group 3 and above) E2611 U1 General Use Wheelchair Back Cushion, Width 22 Inches Or Greater, Any Height, Including Any Type Mounting Hardware (For use only with Group 3 and above) E2612 U1 Including Any Type Mounting Hardware (For use only with Group 3 and above) E2613 U1 Representation of the State St		Yes	E0982		Each	N	\$30.20	1/24 Months
E2291 Back, Planar, For Pediatric Size Wheelchair Including Fixed Attaching Hardware E2291 RB Back, Planar, For Pediatric Size Wheelchair Including Fixed Attaching Hardware E2293 Back, Contoured, For Pediatric Size Wheelchair Including Fixed Attaching Hardware E2293 RB Back, Contoured, For Pediatric Size Wheelchair Including Fixed Attaching Hardware E2293 RB Back, Contoured, For Pediatric Size Wheelchair Including Fixed Attaching Hardware E2293 RB Back, Contoured, For Pediatric Size Wheelchair Including Fixed Attaching Hardware E2293 RB Back, Contoured, For Pediatric Size Wheelchair Including Fixed Attaching Hardware E2293 RB Back, Contoured, For Pediatric Size Wheelchair Including Fixed Attaching Hardware E2293 RB Back, Contoured, For Pediatric Size Wheelchair Including Fixed Attaching Hardware E2293 RB Back, Contoured, For Pediatric Size Wheelchair Including Fixed Attaching Hardware E2293 RB Back, Contoured, For Pediatric Size Wheelchair Including Fixed Attaching Hardware E2293 RB Back, Contoured, For Pediatric Size Wheelchair Including Fixed Attaching Hardware E2293 RB Back, Contoured, For Pediatric Size Wheelchair Including Fixed Attaching Hardware E2293 RB Back, Contoured, For Pediatric Size Wheelchair Back Cushion, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware (For use only with Group 3 and above) E2611 U1 Including Any Type Mounting Hardware (For use only with Group 3 and above) E2613 U1 Each Y S243.11 1/24 Months E2613 U1 Positioning Wheelchair Back Cushion, Posterior, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware (For use only with Group 3 and above) E2614 U1 Including Any Type Mounting Hardware (For use only with Group 3 and above) E2614 U1 Including Any Type Mounting Hardware (For use only with Group 3 and above) E2615 U1 Positioning Wheelchair Back Cushion, Posterior-Lateral, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware (For use only with Group 3 and above) E2615 U1 Positioning Wheelchair Back Cushion, Posteri				Wheelchair Accessory, Back Upholstery, Replacement Only, Each (For use with only				
E2291 RR Back, Planar, For Pediatric Size Wheelchair Including Fixed Attaching Hardware Back, Contoured, For Pediatric Size Wheelchair Including Fixed Attaching Hardware E2293 RR Back, Contoured, For Pediatric Size Wheelchair Including Fixed Attaching Hardware E2293 RR Back, Contoured, For Pediatric Size Wheelchair Including Fixed Attaching Hardware E2293 RR General Use Wheelchair Back Cushion, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware (For use only with Group 3 and above) E2611 U1 E2612 General Use Wheelchair Back Cushion, Width 22 Inches Or Greater, Any Height, Including Any Type Mounting Hardware (For use only with Group 3 and above) E2612 Including Any Type Mounting Hardware (For use only with Group 3 and above) E2612 Including Any Type Mounting Hardware (For use only with Group 3 and above) E2613 Including Any Type Mounting Hardware (For use only with Group 3 and above) E2613 Including Any Type Mounting Hardware (For use only with Group 3 and above) E2613 Including Any Type Mounting Hardware (For use only with Group 3 and above) E2613 Including Any Type Mounting Hardware (For use only with Group 3 and above) E2613 Including Any Type Mounting Hardware (For use only with Group 3 and above) E2613 Including Any Type Mounting Hardware (For use only with Group 3 and above) E2614 Including Any Type Mounting Hardware (For use only with Group 3 and above) E2615 Including Any Type Mounting Hardware (For use only with Group 3 and above) E2614 Including Any Type Mounting Hardware (For use only with Group 3 and above) E2615 Including Any Type Mounting Hardware (For use only with Group 3 and above) E2615 Including Any Type Mounting Hardware (For use only with Group 3 and above) E2615 Including Any Type Mounting Hardware (For use only with Group 3 and above) E2615 Including Any Type Mounting Hardware (For use only with Group 3 and above) E2615 Including Any Type Mounting Hardware (For use only with Group 3 and above) E2615 Including Any Type Mounting Hardware (For use only with Group 3		. 55	E2291					
E293 RR E293 RR General Use Wheelchair Back Cushion, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware (For use only with Group 3 and above) E2611 U1 General Use Wheelchair Back Cushion, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware (For use only with Group 3 and above) E2611 U1 General Use Wheelchair Back Cushion, Width 22 Inches Or Greater, Any Height, Including Any Type Mounting Hardware (For use only with Group 3 and above) E2612 Inches Or Greater, Any Height, Including Any Type Mounting Hardware (For use only with Group 3 and above) E2613 Inches Or Greater, Any Height, Inches				Back, Planar, For Pediatric Size Wheelchair Including Fixed Attaching Hardware				
E293 RR General Use Wheelchair Back Cushion, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware General Use Wheelchair Back Cushion, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware (For use only with Group 3 and above) E2611 U1 General Use Wheelchair Back Cushion, Width 22 Inches Or Greater, Any Height, Including Any Type Mounting Hardware General Use Wheelchair Back Cushion, Width 22 Inches Or Greater, Any Height, Including Any Type Mounting Hardware General Use Wheelchair Back Cushion, Width 22 Inches Or Greater, Any Height, Including Any Type Mounting Hardware General Use Wheelchair Back Cushion, Posterior, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware Positioning Wheelchair Back Cushion, Posterior, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware (For use only with Group 3 and above) E2613 U1 E2613 U1 E2613 U1 E2614 Including Any Type Mounting Hardware (For use only with Group 3 and above) E2615 Positioning Wheelchair Back Cushion, Posterior, Width 22 Inches Or Greater, Any Height, Including Any Type Mounting Hardware Positioning Wheelchair Back Cushion, Posterior, Width 22 Inches Or Greater, Any Height, Including Any Type Mounting Hardware (For use only with Group 3 and above) E2614 U1 Positioning Wheelchair Back Cushion, Posterior-Lateral, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware (For use only with Group 3 and above) Each Y \$414.55 1/24 Months Positioning Wheelchair Back Cushion, Posterior-Lateral, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware (For use only with Group 3 and above) Each Y \$335.43 1/24 Months Positioning Wheelchair Back Cushion, Posterior-Lateral, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware (For use only with Group 3 and above) Each Y \$335.43 1/24 Months Positioning Wheelchair Back Cushion, Posterior-Lateral, Width Less Than 22 Inches, Any Height, Including Any Type Mounti			E2293		Each	Υ	\$434.14	1/24 Months
General Use Wheelchair Back Cushion, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware (For use only with Group 3 and above) Each y \$139.24 1/24 Months General Use Wheelchair Back Cushion, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware (For use only with Group 3 and above) Each y \$234.12 1/24 Months General Use Wheelchair Back Cushion, Width 22 Inches Or Greater, Any Height, Including Any Type Mounting Hardware (For use only with Group 3 and above) Each Y \$269.71 1/24 Months General Use Wheelchair Back Cushion, Width 22 Inches Or Greater, Any Height, Including Any Type Mounting Hardware (For use only with Group 3 and above) Each Y \$343.18 1/24 Months Positioning Wheelchair Back Cushion, Posterior, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware (For use only with Group 3 and above) Each Y \$343.18 1/24 Months Positioning Wheelchair Back Cushion, Posterior, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware (For use only with Group 3 and above) Each Y \$327.02 1/24 Months Positioning Wheelchair Back Cushion, Posterior, Width 22 Inches Or Greater, Any Height, Including Any Type Mounting Hardware (For use only with Group 3 and above) Each Y \$450.95 1/24 Months Positioning Wheelchair Back Cushion, Posterior, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware (For use only with Group 3 and above) Each Y \$450.95 1/24 Months Positioning Wheelchair Back Cushion, Posterior-Lateral, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware (For use only with Group 3 and above) Each Y \$335.43 1/24 Months Positioning Wheelchair Back Cushion, Posterior-Lateral, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware (For use only with Group 3 and above) Each Y \$335.43 1/24 Months Positioning Wheelchair Back Cushion, Posterior-Lateral, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware (For use only with Group 3 an]		E2293 RR	Back, Contoured, For Pediatric Size Wheelchair Including Fixed Attaching Hardware	Day	Υ	\$1.40	3 Months
General Use Wheelchair Back Cushion, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware (For use only with Group 3 and above) Each y \$234.12 1/24 Months General Use Wheelchair Back Cushion, Width 22 Inches Or Greater, Any Height, Including Any Type Mounting Hardware (For use only with Group 3 and above) Each Y \$269.71 1/24 Months General Use Wheelchair Back Cushion, Width 22 Inches Or Greater, Any Height, Including Any Type Mounting Hardware (For use only with Group 3 and above) Each Y \$343.18 1/24 Months Each Y \$344.11 1/24 Months Each Y \$345.02 1/24 Months Each Y \$327.02 1/24 Months Each Y \$441.55 1/24 Months Each Y \$441.55 1/24 Months Each Y \$450.95 1/24 Months Each Y \$450.95 1/24 Months Each Y \$335.43 1/24								
E2611 U1 General Use Wheelchair Back Cushion, Width 22 Inches Or Greater, Any Height, Including Any Type Mounting Hardware General Use Wheelchair Back Cushion, Width 22 Inches Or Greater, Any Height, Each E2612 U1 Including Any Type Mounting Hardware (For use only with Group 3 and above) E2613 Including Any Type Mounting Hardware (For use only with Group 3 and above) E2613 Including Any Type Mounting Hardware (For use only with Group 3 and above) E2613 U1 E2613 U1 E2614 Including Any Type Mounting Hardware (For use only with Group 3 and above) E2615 Including Any Type Mounting Hardware (For use only with Group 3 and above) E2616 Including Any Type Mounting Hardware (For use only with Group 3 and above) E2617 Including Any Type Mounting Hardware (For use only with Group 3 and above) E2618 Including Any Type Mounting Hardware (For use only with Group 3 and above) E2619 Including Any Type Mounting Hardware (For use only with Group 3 and above) E2619 Including Any Type Mounting Hardware (For use only with Group 3 and above) E2619 Including Any Type Mounting Hardware (For use only with Group 3 and above) E2619 Including Any Type Mounting Hardware (For use only with Group 3 and above) E2619 Including Any Type Mounting Hardware (For use only with Group 3 and above) E2619 Including Any Type Mounting Hardware (For use only with Group 3 and above) E2619 Including Any Type Mounting Hardware (For use only with Group 3 and above) E2619 Including Any Type Mounting Hardware (For use only with Group 3 and above) E2619 Including Any Type Mounting Hardware (For use only with Group 3 and above) E2619 Including Any Type Mounting Hardware (For use only with Group 3 and above) E2619 Including Any Type Mounting Hardware (For use only with Group 3 and above) E2619 Including Any Type Mounting Hardware (For use only with Group 3 and above) E2619 Including Any Type Mounting Hardware (For use only with Group 3 and above) E2619 Including Any Type Mounting Hardware (For use only with Group 3 and above) E2619 Inclu			E2011	General Use Wheelchair Back Cushion, Width Less Than 22 Inches, Any Height,	Each	1	\$139.24	1/24 IVIORITIS
General Use Wheelchair Back Cushion, Width 22 Inches Or Greater, Any Height, Including Any Type Mounting Hardware (For use only with Group 3 and above) E2612 Unice Wheelchair Back Cushion, Width 22 Inches Or Greater, Any Height, Including Any Type Mounting Hardware (For use only with Group 3 and above) E2613 Including Any Type Mounting Hardware (For use only with Group 3 and above) E2613 Including Any Type Mounting Hardware (For use only with Group 3 and above) E2613 Unice Including Any Type Mounting Hardware (For use only with Group 3 and above) E2613 Unice Including Any Type Mounting Hardware (For use only with Group 3 and above) E2614 Including Any Type Mounting Hardware (For use only with Group 3 and above) E2615 Unice Including Any Type Mounting Hardware (For use only with Group 3 and above) E2614 Unice Including Any Type Mounting Hardware (For use only with Group 3 and above) E2615 Unice Including Any Type Mounting Hardware (For use only with Group 3 and above) E2615 Unice Including Any Type Mounting Hardware (For use only with Group 3 and above) E2615 Unice Including Any Type Mounting Hardware (For use only with Group 3 and above) E2615 Unice Including Any Type Mounting Hardware (For use only with Group 3 and above) E2615 Unice Including Any Type Mounting Hardware (For use only with Group 3 and above) E2615 Unice Including Any Type Mounting Hardware (For use only with Group 3 and above) E2615 Unice Including Any Type Mounting Hardware (For use only with Group 3 and above) E2615 Unice Including Any Type Mounting Hardware (For use only with Group 3 and above) E2615 Unice Including Any Type Mounting Hardware (For use only with Group 3 and above) E2615 Unice Including Any Type Mounting Hardware (For use only with Group 3 and above) E2615 Unice Including Any Type Mounting Hardware (For use only with Group 3 and above) E2615 Unice Including Any Type Mounting Hardware (For use only with Group 3 and above) E2615 Unice Including Any Type Mounting Hardware (For use only with Group 3 and above)			E2611 II1	Including Any Type Mounting Hardware (For use only with Group 3 and above)	Each	V	\$234.12	1/24 Months
General Use Wheelchair Back Cushion, Width 22 Inches Or Greater, Any Height, Including Any Type Mounting Hardware (For use only with Group 3 and above) Each Y \$343.18 1/24 Months Positioning Wheelchair Back Cushion, Posterior, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware Positioning Wheelchair Back Cushion, Posterior, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware (For use only with Group 3 and above) Each Y \$284.11 1/24 Months Positioning Wheelchair Back Cushion, Posterior, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware Positioning Wheelchair Back Cushion, Posterior, Width 22 Inches Or Greater, Any Height, Including Any Type Mounting Hardware Positioning Wheelchair Back Cushion, Posterior, Width 22 Inches Or Greater, Any Height, Including Any Type Mounting Hardware (For use only with Group 3 and above) Each Y \$414.55 1/24 Months Positioning Wheelchair Back Cushion, Posterior-Lateral, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware Positioning Wheelchair Back Cushion, Posterior-Lateral, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware (For use only with Group 3 and above) Each Y \$335.43 1/24 Months Positioning Wheelchair Back Cushion, Posterior-Lateral, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware (For use only with Group 3 and above) Each Y \$335.43 1/24 Months Positioning Wheelchair Back Cushion, Posterior-Lateral, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware (For use only with Group 3 and above) Each Y \$339.82 1/24 Months								
Positioning Wheelchair Back Cushion, Posterior, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware Positioning Wheelchair Back Cushion, Posterior, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware (For use only with Group 3 and above) Each Y \$284.11 1/24 Months Each Y \$327.02 1/24 Months Positioning Wheelchair Back Cushion, Posterior, Width 22 Inches Or Greater, Any Height, Including Any Type Mounting Hardware Positioning Wheelchair Back Cushion, Posterior, Width 22 Inches Or Greater, Any Height, Including Any Type Mounting Hardware (For use only with Group 3 and above) Each Y \$414.55 1/24 Months Each Y \$440.95 1/24 Months Positioning Wheelchair Back Cushion, Posterior-Lateral, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware Positioning Wheelchair Back Cushion, Posterior-Lateral, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware (For use only with Group 3 and above) Each Y \$335.43 1/24 Months Positioning Wheelchair Back Cushion, Posterior-Lateral, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware (For use only with Group 3 and above) Each Y \$335.43 1/24 Months Positioning Wheelchair Back Cushion, Posterior-Lateral, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware (For use only with Group 3 and above) Each Y \$339.82 1/24 Months				General Use Wheelchair Back Cushion, Width 22 Inches Or Greater, Any Height,				
E2613 Including Amy Type Mounting Hardware Positioning Wheelchair Back Cushion, Posterior, Width Less Than 22 Inches, Any Height, Including Amy Type Mounting Hardware (For use only with Group 3 and above) E2614 Positioning Wheelchair Back Cushion, Posterior, Width 22 Inches Or Greater, Amy Height, Including Amy Type Mounting Hardware Positioning Wheelchair Back Cushion, Posterior, Width 22 Inches Or Greater, Amy Height, Including Amy Type Mounting Hardware Positioning Wheelchair Back Cushion, Posterior, Width 22 Inches Or Greater, Amy Height, Including Amy Type Mounting Hardware (For use only with Group 3 and above) E2614 U1 Positioning Wheelchair Back Cushion, Posterior-Lateral, Width Less Than 22 Inches, Amy Height, Including Amy Type Mounting Hardware Positioning Wheelchair Back Cushion, Posterior-Lateral, Width Less Than 22 Inches, Amy Height, Including Amy Type Mounting Hardware (For use only with Group 3 and above) E2615 U1 Positioning Wheelchair Back Cushion, Posterior-Lateral, Width Less Than 22 Inches, Amy Height, Including Amy Type Mounting Hardware (For use only with Group 3 and above) E2615 U1 Positioning Wheelchair Back Cushion, Posterior-Lateral, Width Less Than 22 Inches, Amy Height, Including Amy Type Mounting Hardware (For use only with Group 3 and above) E2615 U1 Positioning Wheelchair Back Cushion, Posterior-Lateral, Width 22 Inches Or Greater, Amy			E2612 U1		Each	Y	\$343.18	1/24 Months
Including Any Type Mounting Hardware (For use only with Group 3 and above) Each Y \$327.02 1/24 Months			E2613	Including Any Type Mounting Hardware	Each	Y	\$284.11	1/24 Months
Positioning Wheelchair Back Cushion, Posterior, Width 22 Inches Or Greater, Any Height, Including Any Type Mounting Hardware (For use only with Group 3 and above) E2614 U1 Positioning Wheelchair Back Cushion, Posterior, Width 22 Inches Or Greater, Any Height, Including Any Type Mounting Hardware (For use only with Group 3 and above) E2614 U1 Positioning Wheelchair Back Cushion, Posterior-Lateral, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware Positioning Wheelchair Back Cushion, Posterior-Lateral, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware Positioning Wheelchair Back Cushion, Posterior-Lateral, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware (For use only with Group 3 and above) E2615 U1 Positioning Wheelchair Back Cushion, Posterior-Lateral, Width 22 Inches Or Greater, Any Positioning Wheelchair Back Cushion, Posterior-Lateral, Width 22 Inches Or Greater, Any								
E2614 Including Amy Type Mounting Hardware Positioning Wheelchair Back Cushion, Posterior-Lateral, Width 22 Inches Or Greater, Any Height, Including Amy Type Mounting Hardware (For use only with Group 3 and above) E2614 UI Positioning Wheelchair Back Cushion, Posterior-Lateral, Width Less Than 22 Inches, Any Height, Including Amy Type Mounting Hardware Positioning Wheelchair Back Cushion, Posterior-Lateral, Width Less Than 22 Inches, Any Height, Including Amy Type Mounting Hardware (For use only with Group 3 and above) E2615 UI Positioning Wheelchair Back Cushion, Posterior-Lateral, Width Less Than 22 Inches, Any Height, Including Amy Type Mounting Hardware (For use only with Group 3 and above) E2615 UI Positioning Wheelchair Back Cushion, Posterior-Lateral, Width 22 Inches Or Greater, Any Positioning Wheelchair Back Cushion, Posterior-Lateral, Width 22 Inches Or Greater, Any			E2613 U1	Positioning Wheelchair Back Cushion, Posterior, Width 22 Inches Or Greater, Any Height		Y	\$327.02	1/24 Months
Including Any Type Mounting Hardware (For use only with Group 3 and above) Each Y \$450.95 1/24 Months			E2614	Including Any Type Mounting Hardware		Y	\$414.55	1/24 Months
Positioning Wheelchair Back Cushion, Posterior-Lateral, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware Positioning Wheelchair Back Cushion, Posterior-Lateral, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware (For use only with Group 3 and above) E2615 U1 Positioning Wheelchair Back Cushion, Posterior-Lateral, Width 22 Inches Or Greater, Any Positioning Wheelchair Back Cushion, Posterior-Lateral, Width 22 Inches Or Greater, Any								
E2615 Height, Including Any Type Mounting Hardware Positioning Wheelchair Back Cushion, Posterior-Lateral, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware (For use only with Group 3 and above) E2615 UI Positioning Wheelchair Back Cushion, Posterior-Lateral, Width 22 Inches Or Greater, Any Positioning Wheelchair Back Cushion, Posterior-Lateral, Width 22 Inches Or Greater, Any			E2614 U1		Each	Y	\$450.95	1/24 Months
Height, Including Any Type Mounting Hardware (For use only with Group 3 and above) Each Y \$379.82 1/24 Months Positioning Wheelchair Back Cushion, Posterior-Lateral, Width 22 Inches Or Greater, Any			E2615	Height, Including Any Type Mounting Hardware	Each	Υ	\$335.43	1/24 Months
E2615 U1 Each Y \$379.82 1/24 Months Positioning Wheelchair Back Cushion, Posterior-Lateral, Width 22 Inches Or Greater, Any								
			E2615 U1		Each	Y	\$379.82	1/24 Months
· · · · · · · · · · · · · · · · · · ·			E2616		Each	Υ	\$439.60	1/24 Months

		Positioning Wheelchair Back Cushion, Posterior-Lateral, Width 22 Inches Or Greater, Any Height, Including Any Type Mounting Hardware (For use only with Group 3 and above)				
	E2616 U1		Each	Υ	\$501.49	1/24 Months
	E2617	Custom Fabricated Wheelchair Back Cushion, Any Size, Including Any Type Mounting Hardware	Each	Y	P-\$ IC	1/24 Months
	E2620	Positioning Wheelchair Back Cushion, Planar Back With Lateral Supports, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware	Each	Υ	\$327.25	1/24 Months
		Positioning Wheelchair Back Cushion, Planar Back With Lateral Supports, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware (For use only with				
	E2620 U1	Group 3 and above) Positioning Wheelchair Back Cushion, Planar Back With Lateral Supports, Width 22	Each	Υ	\$443.42	1/24 Months
	E2621	Inches Or Greater, Any Height, Including Any Type Mounting Hardware Positioning Wheelchair Back Cushion, Planar Back With Lateral Supports, Width 22	Each	Y	\$420.90	1/24 Months
	E0004114	Inches Or Greater, Any Height, Including Any Type Mounting Hardware (For use only with		.,		4/04/14
	E2621 U1	Group 3 and above) Seat Insert/ Seat Cushion and Upholstery	Each	Y	\$473.59	1/24/ Months
Yes Yes	E0981 E0992	Wheelchair Accessory, Seat Upholstery, Replacement Only, Each Manual Wheelchair Accessory, Solid Seat Insert	Each Each	N N	\$35.50 \$69.79	1/24 Months 1/24 Months
	E0992 RR	Manual Wheelchair Accessory, Solid Seat Insert	Day Each	N N	\$0.23 \$121.63	3 Months 1/24 Months
	E2231 E2231 RR	Manual Wheelchair Accessory, Solid Seat Support base (replaces sling seat) Manual Wheelchair Accessory, Solid Seat Support base (replaces sling seat)	Day	N	\$0.41	3 Months
	E2601	General Use Wheelchair Seat Cushion, Width Less Than 22 Inches, Any Depth	Each	Υ	\$37.61	1/24 Months
	E2601 U1	General Use Wheelchair Seat Cushion, Width Less Than 22 Inches, Any Depth (For use only with Group 3 and above)	Each	Υ	\$48.64	1/24 Months
	E2602	General Use Wheelchair Seat Cushion, Width 22 Inches Or Greater, Any Depth General Use Wheelchair Seat Cushion, Width 22 Inches Or Greater, Any Depth (For use	Each	Y	\$76.03	1/24 Months
	E2602 U1	only with Group 3 and above) Skin Protection Wheelchair Seat Cushion, Width Less Than 22 Inches, Any Depth	Each	Υ	\$96.48	1/24 Months
	E2603	Skin Protection Wheelchair Seat Cushion, Width Less Than 22 Inches, Any Depth (For	Each	Y	\$97.47	1/24 Months
	E2603 U1	use only with Group 3 and above)	Each	Υ	\$121.74	1/24 Months
	E2604	Skin Protection Wheelchair Seat Cushion, Width 22 Inches Or Greater, Any Depth	Each	Υ	\$133.39	1/24 Months
	E2604 U1	Skin Protection Wheelchair Seat Cushion, Width 22 Inches Or Greater, Any Depth (For use only with Group 3 and above)	Each	Y	\$157.40	1/24 Months
	E2605	Positioning Wheelchair Seat Cushion, Width Less Than 22 Inches, Any Depth Positioning Wheelchair Seat Cushion, Width Less Than 22 Inches, Any Depth (For use	Each	Y	\$190.71	1/24 Months
	E2605 U1 E2606	only with Group 3 and above) Positioning Wheelchair Seat Cushion, Width 22 Inches Or Greater, Any Depth	Each Each	Y	\$221.34 \$361.90	1/24 Months 1/24 Months
	E2606 U1	Positioning Wheelchair Seat Cushion, Width 22 Inches Or Greater, Any Depth (For use only with Group 3 and above)	Each	Y	\$347.55	1/24 Months
	E2607	Skin Protection And Positioning Wheelchair Seat Cushion, Width Less Than 22 Inches, Any Depth	Each	Y	\$183.94	1/24 Months
	E2607 U1	Skin Protection And Positioning Wheelchair Seat Cushion, Width Less Than 22 Inches,	Each	Y	\$183.94	1/24 Months
		Any Depth (For use only with Group 3 and above) Skin Protection And Positioning Wheelchair Seat Cushion, Width 22 Inches Or Greater,				
	E2608	Any Depth Skin Protection And Positioning Wheelchair Seat Cushion, Width 22 Inches Or Greater,	Each	Y	\$241.44	1/24 Months
	E2608 U1 E2609	Any Depth (For use only with Group 3 and above) Custom Fabricated Wheelchair Seat Cushion, Any Size	Each Each	Y	\$285.68 P-\$ IC	1/24 Months 1/24 Months
	E2610 E2619	Wheelchair Seat Cushion, Powered Replacement Cover For Wheelchair Seat Cushion Or Back Cushion, Each	Each Each	Y Y	P-\$ IC \$41.86	1/24 Months 1/24 Months
	E2619 U1	Replacement Cover For Wheelchair Seat Cushion Or Back Cushion, Each (For use only with Group 3 and above)	Each	Υ	\$44.73	1/24 Months
	E2622	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth	Each	Y	\$265.52	1/24 Months
	E2622 RR	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth		Y	\$0.89	3 Months
		Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth	Day			
	E2623	Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth	Each	Y	\$373.07	1/24 Months
	E2623 RR	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22	Day	Y	\$1.12	3 Months
	E2624	inches, any depth Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22	Each	Y	\$269.81	1/24 Months
	E2624 RR	inches, any depth Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22	Day	Y	\$0.90	3 Months
	E2624 U1	inches, any depth (For use only with Group 3 and above) Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or	Each	Υ	\$277.18	1/24 Months
	E2625	greater, any depth	Each	Υ	\$333.92	1/24 Months
	E2625 RR	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth	Day	Υ	\$1.11	3 Months
		Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth (For use only with Group 3 and above)	Each	Υ	\$367.44	1/24 Months
Yes	E1296	Seat Width/Depth/Seat Height Special Wheelchair Seat, Height From Floor	Each	N	\$423.32	1/60 Months
Yes	E1296 RR	Special Wheelchair Seat, Height From Floor	Day	N	\$1.43	3 Months
Yes Yes	E1297 E1297 RR	Special Wheelchair Seat Depth, By Upholstery Special Wheelchair Seat Depth, By Upholstery	Each Day	N N	\$105.97 \$0.39	1/60 Months 3 Months
Yes	E1298 E1298 RR	Special Wheelchair Seat Depth And/Or Width, By Construction Special Wheelchair Seat Depth And/Or Width, By Construction	Each Day	N N	\$429.15 \$1.46	1/60 Months 3 Months
	E2201	Manual Wheelchair Accessory, Nonstandard Seat Frame, Width Greater Than Or Equal To 20 Inches And Less Than 24 Inches	Each	N	\$248.04	1/60 Months
	E2201 RR	Manual Wheelchair Accessory, Nonstandard Seat Frame, Width Greater Than Or Equal To 20 Inches And Less Than 24 Inches	Day	N N	\$0.83	3 Months
	E2201 KK	Manual Wheelchair Accessory, Nonstandard Seat Frame Width, 24-27 Inches			\$377.11	1/60 Months
		Manual Wheelchair Accessory, Nonstandard Seat Frame Width, 24-27 Inches	Each	N		
	E2202 RR	Manual Wheelchair Accessory, Nonstandard Seat Frame Depth, 20 To Less Than 22	Day	N	\$1.26	3 Months
	E2203	Inches Manual Wheelchair Accessory, Nonstandard Seat Frame Depth, 20 To Less Than 22	Each	N	\$380.82	1/60 Months
	E2203 RR E2204	Inches Manual Wheelchair Accessory, Nonstandard Seat Frame Depth, 22 To 25 Inches	Day Each	N N	\$1.27 \$665.04	3 Months 1/60 Months
	E2204 RR E2292	Manual Wheelchair Accessory, Nonstandard Seat Frame Depth, 22 To 25 Inches Seat, Planar, For Pediatric Size Wheelchair Including Fixed Attaching Hardware	Day Each	N Y	\$2.22 \$262.77	3 Months 1/60 Months
	E2292 RR	Seat, Planar, For Pediatric Size Wheelchair Including Fixed Attaching Hardware	Day	Ϋ́	\$0.85	3 Months
	E2294	Seat, Contoured, For Pediatric Size Wheelchair Including Fixed Attaching Hardware	Each	Υ	\$434.14	1/60 Months
	E2294 RR	Seat, Contoured, For Pediatric Size Wheelchair Including Fixed Attaching Hardware	Day	Υ	\$1.40	3 Months
	E2340 RR	Power Wheelchair Accessory, Nonstandard Seat Frame Width, 20-23 Inches Power Wheelchair Accessory, Nonstandard Seat Frame Width, 20-23 Inches	Each Day	Y	\$363.00 \$1.21	1/60 Months 3 Months
	E2341	Power Wheelchair Accessory, Nonstandard Seat Frame Width, 24-27 Inches Power Wheelchair Accessory, Nonstandard Seat Frame Width, 24-27 Inches	Each Day	Y	\$544.54 \$1.82	1/60 Months 3 Months
	E2342	Power Wheelchair Accessory, Nonstandard Seat Frame Depth, 20 Or 21 Inches Power Wheelchair Accessory, Nonstandard Seat Frame Depth, 20 Or 21 Inches	Each Day	Y	\$453.79 \$1.51	1/60 Months 3 Months
	E2343	Power Wheelchair Accessory, Nonstandard Seat Frame Depth, 22-25 Inches	Each	Y Y	\$726.07	1/60 Months
		Power Wheelchair Accessory, Nonstandard Seat Frame Depth, 22-25 Inches Seat Height Less Than 17 Or Equal To Or Greater Than 21 For A High Strength,	Day		\$2.42	3 Months
	K0056	Lightweight, Or Ultralightweight Wheelchair Seat Height Less Than 17 Or Equal To Or Greater Than 21 For A High Strength,	Each	N	\$85.86	1/60 Months
	K0056 RR	Lightweight, Or Ultralightweight Wheelchair	Day	N	\$0.29	3 Months

		FOOTO	Support Pads				
		E0956	Wheelchair Accessory, Lateral Trunk Or Hip Support, Prefabricated, Including Fixed Mounting Hardware	Each	Υ	\$70.91	2/36 Months
		E0956 RR	Wheelchair Accessory, Lateral Trunk Or Hip Support, Prefabricated, Including Fixed Mounting Hardware	Day	N	\$0.24	3 Months
		E0956 U1	Wheelchair Accessory, Lateral Trunk Or Hip Support, Prefabricated, Including Fixed Mounting Hardware (For use with Group 3 and avove)	Each	Y	\$82.26	2/36 Months
		E0957	Wheelchair Accessory, Medial Thigh Support, Prefabricated, Including Fixed Mounting				
		E0957 RR	Hardware Wheelchair Accessory, Medial Thigh Support, Prefabricated, Including Fixed Mounting	Each	Y	\$110.77	1/36 Months
		E0957 U1	Hardware Wheelchair Accessory, Medial Thigh Support, Prefabricated, Including Fixed Mounting	Day	Y	\$0.37	3 Months
			Hardware (For use with Group 3 and above)	Each	Υ	\$117.77	2/36 Months
	Yes	E0960	Harness/Vest/Positioning Belt Wheelchair Accessory, Shoulder Harness/Straps Or Chest Strap, Including Any Type				
		E0960 RR	Mounting Hardware Wheelchair Accessory, Shoulder Harness/Straps Or Chest Strap, Including Any Type	Each	N	\$67.80	1/60 Months
	Yes	E0960 U1	Mounting Hardware Wheelchair Accessory, Shoulder Harness/Straps Or Chest Strap, Including Any Type	Day	N	\$0.23	3 Months
	Yes		Mounting Hardware (For use with Group 3 and above)	Each	Y	\$77.12	1/60 Months
	Yes Yes	E0978 E0978 RR	Wheelchair Accessory, Safety Belt/Pelvic Strap, Each Wheelchair Accessory, Safety Belt/Pelvic Strap, Each	Each Day	N N	\$23.85 \$0.08	1/36 Months 3 Months
	Yes	E0978 U1	Wheelchair Accessory, Safety Belt/Pelvic Strap, Each (For use only with Group 3 and above)	Each	Υ	\$30.29	1/36 Months
	Yes Yes	E0980 E0980 RR	Safety Vest, Wheelchair Safety Vest, Wheelchair	Each Day	N N	\$33.08 \$0.11	1/60 Months 3 Months
	162		Trav				
		E0950 E0950 RR	Wheelchair Accessory, Tray, Each Wheelchair Accessory, Tray, Each	Each Day	N N	\$78.40 \$0.26	1/60 Months 3 Months
	Yes	E0950 U1 E1029	Wheelchair Accessory, Tray, Each (This code is for use with Group 3 and above) Wheelchair Accessory, Ventilator Tray, Fixed	Each Each	Y	\$85.32 \$313.48	1/60 Months 1/60 Months
	Yes	E1029 RR	Wheelchair Accessory, Ventilator Tray, Fixed	Day	Υ	\$1.07	3 Months
	Yes Yes	E1030 E1030 RR	Wheelchair Accessory, Ventilator Tray, Gimbaled Wheelchair Accessory, Ventilator Tray, Gimbaled	Each Day	Y Y	\$988.47 \$3.33	1/60 Months 3 Months
			Electronic Controls		Y		1/60 Months
		E2300 E2300 RR	Power Wheelchair Accessory, Power Seat Elevation System, any type Power Wheelchair Accessory, Power Seat Elevation System	Each Day	Ϋ́	P-\$ IC P-\$ IC	3 Months
		E2301 E2301 RR	Power Wheelchair Accessory, Power Standing System, any type Power Wheelchair Accessory, Power Standing System	Each Day	Y	P-\$ IC P-\$ IC	1/60 Months 3 Months
		EZSULKK	Power Wheelchair Accessory, Electronic Connection Between Wheelchair Controller And	Day	- 1	F-\$ IC	3 IVIORUIS
			One Power Seating System Motor, Including All Related Electronics, Indicator Feature, Mechanical Function Selection Switch, And Fixed Mounting Hardware				
		E2310	-	Each	Υ	\$992.69	1/60 Months
			Power Wheelchair Accessory, Electronic Connection Between Wheelchair Controller And One Power Seating System Motor, Including All Related Electronics, Indicator Feature,				
		E2310 RR	Mechanical Function Selection Switch, And Fixed Mounting Hardware	Dov	V	¢2.00	2 Months
		E2310 RR	Power Wheelchair Accessory, Electronic Connection Between Wheelchair Controller And	Day	Y	\$3.09	3 Months
			Two Or More Power Seating System Motors, Including All Related Electronics, Indicator Feature, Mechanical Function Selection Switch, And Fixed Mounting Hardware				
		E2311		Each	Υ	\$2,009.75	1/60 Months
			Power Wheelchair Accessory, Electronic Connection Between Wheelchair Controller And Two Or More Power Seating System Motors, Including All Related Electronics, Indicator				
		50044 BB	Feature, Mechanical Function Selection Switch, And Fixed Mounting Hardware		Υ	***	
		E2311 RR	Power wheelchair accessory, hand or chin control interface, mini-proportional remote	Day		\$6.23	3 Months
		E2312	joystick, proportional, including fixed mounting hardware Power wheelchair accessory, hand or chin control interface, mini-proportional remote	Each	Y	\$1,908.52	1/60 Months
		E2312 RR	joystick, proportional, including fixed mounting hardware	Day	Υ	\$6.55	3 Months
		E2313	Power wheelchair accessory, harness for upgrade to expandable controller, including all fasterners, connectors and mounting hardware, each	Each	Υ	\$303.07	1/60 Months
		E2313 RR	Power wheelchair accessory, harness for upgrade to expandable controller, including all fasterners, connectors and mounting hardware, each	Day	Υ	\$1.04	3 Months
			Power Wheelchair Accessory, Hand Control Interface, Remote Joystick, Nonproportional,	,	·	4	
		E2321	Including All Related Electronics, Mechanical Stop Switch, And Fixed Mounting Hardware	Each	Υ	\$1,348.00	1/60 Months
			Power Wheelchair Accessory, Hand Control Interface, Remote Joystick, Nonproportional, Including All Related Electronics, Mechanical Stop Switch, And Fixed Mounting Hardware				
		E2321 RR		Day	Υ	\$4.20	3 Months
			Power Wheelchair Accessory, Hand Control Interface, Multiple Mechanical Switches, Nonproportional, Including All Related Electronics, Mechanical Stop Switch, And Fixed				
		E2322	Mounting Hardware	Each	Υ	\$1,196.38	1/60 Months
			Power Wheelchair Accessory, Hand Control Interface, Multiple Mechanical Switches, Nonproportional, Including All Related Electronics, Mechanical Stop Switch, And Fixed				
		E2322 RR	Mounting Hardware Power Wheelchair Accessory, Specialty Joystick Handle For Hand Control Interface,	Day	Y	\$3.97	3 Months
		E2323	Prefabricated	Each	Υ	\$60.39	1/60 Months
		E2323 RR	Power Wheelchair Accessory, Specialty Joystick Handle For Hand Control Interface, Prefabricated	Day	Υ	\$0.19	3 Months
		E2323 U1	Power Wheelchair Accessory, Specialty Joystick Handle For Hand Control Interface, Prefabricated (For use only with Group 3 and above)	Each	Υ	\$61.41	1/60 Months
		E2324	Power Wheelchair Accessory, Chin Cup For Chin Control Interface	Each	Υ	\$37.69	1/60 Months
		E2324 RR	Power Wheelchair Accessory, Chin Cup For Chin Control Interface Power Wheelchair Accessory, Chin Cup For Chin Control Interface (For use with only	Day	Y	\$0.13	3 Months
		E2324 U1	Group 3 and above) Power Wheelchair Accessory, Sip And Puff Interface, Nonproportional, Including All	Each	Υ	\$39.29	1/60 Months
		E2325	Related Electronics, Mechanical Stop Switch, And Manual Swing Away Mounting				
		E2325 RR	Hardware Power Wheelchair Accessory, Sip And Puff Interface, Nonproportional, Including All	Each	Y	\$1,142.49	1/60 Months
			Related Electronics, Mechanical Stop Switch, And Manual Swing Away Mounting	Dov	V	60.70	6 Manth-
		E2326	Hardware Power Wheelchair Accessory, Breathe Tube Kit For Sip And Puff Interface	Day Each	Y	\$3.79 \$294.47	6 Months 1/60 months
		E2326 RR	Power Wheelchair Accessory, Breathe Tube Kit For Sip And Puff Interface Power Wheelchair Accessory, Head Control Interface, Mechanical, Proportional, Including	Day	Y	\$0.99	6 Months
		F0007	All Related Electronics, Mechanical Direction Change Switch, And Fixed Mounting	F	v	\$0.040.00	1/60 14- "
		E2327	Hardware Power Wheelchair Accessory, Head Control Interface, Mechanical, Proportional, Including	Each	Y	\$2,216.03	1/60 Months
		E2327 RR	All Related Electronics, Mechanical Direction Change Switch, And Fixed Mounting	Day	Υ	\$7.41	3 Months
		LEGET INIX	Power Wheelchair Accessory, Head Control Or Extremity Control Interface, Electronic,	Say		ψ1. 11 1	5 10.011010
		E2328	Proportional, Including All Related Electronics And Fixed Mounting Hardware	Each	Υ	\$4,203.49	1/60 Months
			Power Wheelchair Accessory, Head Control Or Extremity Control Interface, Electronic,			.,	
		E2328 RR	Proportional, Including All Related Electronics And Fixed Mounting Hardware	Day	Υ	\$14.00	3 Months
-			Power Wheelchair Accessory, Head Control Interface, Contact Switch Mechanism, Nonproportional, Including All Related Electronics, Mechanical Stop Switch, Mechanical				
		F0	Direction Change Switch, Head Array, And Fixed Mounting Hardware				4/00 1: ::
		E2329	Power Wheelchair Accessory, Head Control Interface, Contact Switch Mechanism,	Each	Y	\$1,498.17	1/60 Months
		1	Nonproportional, Including All Related Electronics, Mechanical Stop Switch, Mechanical Direction Change Switch, Head Array, And Fixed Mounting Hardware				
		E2329 RR	Direction Ghange Switch, Flead Allay, And Fixed Woulding Hardware	Day	Υ	\$5.05	3 Months

	E2330	Power Wheelchair Accessory, Head Control Interface, Proximity Switch Mechanism, Nonproportional, Including All Related Electronics, Mechanical Stop Switch, Mechanical Direction Change Switch, Head Array, And Fixed Mounting Hardware	Each	Y	\$2,902.88	1/60 Months
	L2000	Power Wheelchair Accessory, Head Control Interface, Proximity Switch Mechanism, Nonproportional, Including All Related Electronics, Mechanical Stop Switch, Mechanical Stop Switch, Mechanical	Lacii	'	ψ2,302.00	1700 Monais
	E2330 RR	Direction Change Switch, Head Array, And Fixed Mounting Hardware Power Wheelchair Accessory, Attendant Control, Proportional, Including All Related	Day	Υ	\$9.70	3 Months
	E2331	Electronics And Fixed Mounting Hardware Power Wheelchair Accessory, Attendant Control, Proportional, Including All Related	Each	Y	P-\$ IC	1/60 Months
	E2331 RR	Electronics And Fixed Mounting Hardware	Day	Υ	P-\$ IC	3 Months
	E2351	Power Wheelchair Accessory, Electronic Interface To Operate Speech Generating Device Using Power Wheelchair Control Interface	Each	Υ	\$603.02	1/60 Months
	E2351 RR	Power Wheelchair Accessory, Electronic Interface To Operate Speech Generating Device Using Power Wheelchair Control Interface		Y	\$2.01	3 Months
	LZ331 KK	Power Wheelchair Accessory, Electronic Interface To Operate Speech Generating	Day		φ2.01	3 MOTUS
	E2351 U1	Device Using Power Wheelchair Control Interface (For use only with Group 3 and above)	Each	Υ	\$617.96	1/60 Months
		Power Wheelchair Accessory, Hand Or Chin Control Interface, compact remote joysitck,				
	E2373	proportional, including fixed mounting hardware	Each	Υ	\$665.24	1/60 Months
		Power Wheelchair Accessory, Hand Or Chin Control Interface, Mini-Proportional, Compact, Or Short Throw Remote Joystick Or Touchpad, Proportional, Including All				
	E2373 RR	Related Electronics And Fixed Mounting Hardware	Day	Υ	\$2.25	3 Months
		Power Wheelchair Accessory, Hand Or Chin Control Interface, Standard Remote Joystick (Not Including Controller), Proportional, Including All Related Electronics And Fixed				
	E2374	Mounting Hardware, Replacement Only Power Wheelchair Accessory, Non-Expandable Controller, Including All Related	Each	Y	\$453.01	1/60 Months
	E2375	Electronics And Mounting Hardware, Replacement Only	Each	Υ	\$645.09	1/60 Months
		Power Wheelchair Accessory, Non-Expandable Controller, Including All Related Electronics And Mounting Hardware, Replacement Only (For use only with Group 3 and				
	E2375 U1	above) Power Wheelchair Accessory, Expandable Controller, Including All Related Electronics	Each	Y	\$731.42	1/60 Months
	E2376	And Mounting Hardware, Replacement Only	Each	Υ	\$1,138.62	1/60 Months
	E2377	Power Wheelchair Accessory, Expandable Controller, Including All Related Electronics And Mounting Hardware, Upgrade Provided At Initial Issue	Each	Y	\$412.02	1/60 Months
	E2377 RR	Power Wheelchair Accessory, Expandable Controller, Including All Related Electronics And Mounting Hardware, Upgrade Provided At Initial Issue	Day	Y	\$1.31	3 Months
		Tilt and/or Recline				
	E1002 E1002 RR	Wheelchair Accessory, Power Seating System, Tilt Only Wheelchair Accessory, Power Seating System, Tilt Only	Each Day	Y	\$3,438.25 \$10.55	1/60 Months 3 Months
	E1003	Wheelchair Accessory, Power Seating System, Recline Only, Without Shear Reduction	Each	Y	\$3,725.05	1/60 Months
	E1003 RR	Wheelchair Accessory, Power Seating System, Recline Only, Without Shear Reduction				
	E1004	Wheelchair Accessory, Power Seating System, Recline Only, With Mechanical Shear	Day	Y	\$12.35	3 Months
	E1004 RR	Reduction Wheelchair Accessory, Power Seating System, Recline Only, With Mechanical Shear	Each	Y	\$4,130.31	1/60 Months
		Reduction	Day	Υ	\$13.57	3 Months
	E1005	Wheelchair Accessory, Power Seating System, Recline Only, With Power Shear Reduction	Each	Υ	\$4,470.73	1/60 Months
	E1005 RR	Wheelchair Accessory, Power Seating System, Recline Only, With Power Shear Reduction	Day	Υ	\$14.85	3 Months
	E1006	Wheelchair Accessory, Power Seating System, Combination Tilt And Recline, Without				
	E1006 RR	Shear Reduction Wheelchair Accessory, Power Seating System, Combination Tilt And Recline, Without	Each	Y	\$5,476.23	1/60 Months
	E1007	Shear Reduction Wheelchair Accessory, Power Seating System, Combination Tilt And Recline, With	Day	Y	\$18.31	3/Months
		Mechanical Shear Reduction	Each	Y	\$7,415.03	1/60 Months
	E1007 RR	Wheelchair Accessory, Power Seating System, Combination Tilt And Recline, With Mechanical Shear Reduction	Day	Υ	\$22.73	3 Months
	E1008	Wheelchair Accessory, Power Seating System, Combination Tilt And Recline, With Power Shear Reduction	Each	Y	\$7,415.70	1/60 Months
	E1008 RR	Wheelchair Accessory, Power Seating System, Combination Tilt And Recline, With Power Shear Reduction		Y		3 Months
Yes	E1014	Reclining Back, Addition To Pediatric Size Wheelchair	Day Each	Y	\$23.31 \$359.37	1/60 Months
Yes	E1014 RR E1225 RR	Reclining Back, Addition To Pediatric Size Wheelchair Semi-Reclining Back for Customized Wheelchair	Day Day	Y N	\$1.23 \$1.16	3 Months 3 Months/Yr
	E1226	Fully Reclining Back, for Customized Wheelchair	Each	Υ	\$328.70	1/60 Months
	E 1226 RR E 1228 RR	Fully Reclining Back, for Customized Wheelchair Special Back Height for Wheelchair	Day Day	N N	\$1.10 \$0.95	3 Months/Yr 3 Months/Yr
	E2211	Wheel/Tire/Caster Manual Wheelchair Accessory, Pneumatic Propulsion Tire, Any Size, Each	Each	N	\$33.52	2/24 Months
		Manual Wheelchair Accessory, Pneumatic Propulsion Tire, Any Size, Each	Day	N	\$0.11	3 Months
	E2212	Manual Wheelchair Accessory, Tube For Pneumatic Propulsion Tire, Any Size, Each	Each	N	\$5.98	2/24 Months
	E2212 RR	Manual Wheelchair Accessory, Tube For Pneumatic Propulsion Tire, Any Size, Each	Day	N	\$0.02	3 Months
		Manual Wheelchair Accessory, Insert For Pneumatic Propulsion Tire (Removable), Any				
	E2213	Type, Any Size, Each Manual Wheelchair Accessory, Insert For Pneumatic Propulsion Tire (Removable), Any	Each	N	\$27.75	2/24 Months
	E2213 RR E2214	Type, Any Size, Each Manual Wheelchair Accessory, Pneumatic Caster Tire, Any Size, Each	Day Each	N N	\$0.09 \$29.35	3 Months 2/24 Months
	E2214 RR	Manual Wheelchair Accessory, Pneumatic Caster Tire, Any Size, Each	Day	N	\$0.10	3 Months
	E2215 E2215 RR	Manual Wheelchair Accessory, Tube For Pneumatic Caster Tire, Any Size, Each Manual Wheelchair Accessory, Tube For Pneumatic Caster Tire, Any Size, Each	Each Day	N N	\$10.00 \$0.03	2/24 Months 3 Months
	E2216 E2216 RR	Manual Wheelchair Accessory, Foam Filled Propulsion Tire, Any Size, Each Manual Wheelchair Accessory, Foam Filled Propulsion Tire, Any Size, Each	Each Day	Y Y	\$IC \$IC	2/24 Months 3 Months
	E2217	Manual Wheelchair Accessory, Foam Filled Caster Tire, Any Size, Each	Each	Υ	\$IC	2/24 Months
	E2217 RR E2218	Manual Wheelchair Accessory, Foam Filled Caster Tire, Any Size, Each Manual Wheelchair Accessory, Foam Propulsion Tire, Any Size, Each	Day Each	Y Y	\$IC \$IC	3 Months 2/24 Months
	E2218 RR E2219	Manual Wheelchair Accessory, Foam Propulsion Tire, Any Size, Each Manual Wheelchair Accessory, Foam Caster Tire, Any Size, Each	Day Each	Y N	\$IC \$37.49	3 Months 2/24 Months
	E2219 RR	Manual Wheelchair Accessory, Foam Caster Tire, Any Size, Each	Day	N	\$0.13	3 Months
	E2220	Manual Wheelchair Accessory, Solid (Rubber/Plastic) Propulsion Tire, Any Size, Replacement only, Each	Each	N	\$25.80	2/24 Months
	E2221	Manual Wheelchair Accessory, Solid (Rubber/Plastic) Caster Tire (Removable), Any Size. Replacement only. Each	Each	N	\$25.25	2/24 Months
		Manual Wheelchair Accessory, Solid (Rubber/Plastic) Caster Tire With Integrated				
	E2222	Wheel, Any Size, Replacement only, Each Manual Wheelchair Accessory, Propulsion Wheel Excludes Tire, Any Size,	Each	N	\$22.46	2/24 Months
	E2224	Replacement only, Each Manual Wheelchair Accessory, Caster Wheel Excludes Tire, Any Size, Replacement	Each	N	\$87.82	2/24 Months
	E2225	Only, Each	Each	N	\$17.07	2/24 Months
YEs	E2226 E2227	Manual Wheelchair Accessory, Caster Fork, Any Size, Replacement Only, Each Manual wheelchair accessory, gear reduction drive wheel, each	Each Each	N Y	\$38.83 \$1,770.28	2/24 Months 2/24 Months
	E2228	Manual wheelchair accessory, wheel braking system and lock, complete, each Power Wheelchair Accessory, Pneumatic Drive Wheel Tire, Any Size, Replacement Only,	Each	Y	\$894.66	2/24 Months
	E2381	Each	Each	N	\$60.36	2/24 Months
	E2381 U1	Power Wheelchair Accessory, Pneumatic Drive Wheel Tire, Any Size, Replacement Only, Each (For use only with Group 3 and above)	Each	Υ	\$62.46	2/24 Months
	E2382	Power Wheelchair Accessory, Tube For Pneumatic Drive Wheel Tire, Any Size, Replacement Only, Each	Each	N	\$15.57	2/24 Months

	E2382 U1	Power Wheelchair Accessory, Tube For Pneumatic Drive Wheel Tire, Any Size, Replacement Only, Each (For use only with Group 3 and above)	Each	Υ	\$17.53	2/24 Months
		Power Wheelchair Accessory, Insert For Pneumatic Drive Wheel Tire (Removable), Any				
	E2383	Type, Any Size, Replacement Only, Each Power Wheelchair Accessory, Insert For Pneumatic Drive Wheel Tire (Removable), Any	Each	N	\$116.54	2/24 Months
		Type, Any Size, Replacement Only, Each (For use only with Group 3 and above)				
	E2383 U1	Power Wheelchair Accessory, Pneumatic Caster Tire, Any Size, Replacement Only, Each	Each	Y	\$124.85	2/24 Months
	E2384		Each	N	\$54.19	2/24 Months
	E2384 U1	Power Wheelchair Accessory, Pneumatic Caster Tire, Any Size, Replacement Only, Each (For use only with Group 3 and above)	Each	Y	\$65.93	2/24 Months
		Power Wheelchair Accessory, Tube For Pneumatic Caster Tire, Any Size, Replacement				
	E2385	Only, Each Power Wheelchair Accessory, Tube For Pneumatic Caster Tire, Any Size, Replacement	Each	N	\$37.36	2/24 Months
	E2385 U1	Only, Each (For use only with Group 3 and above)	Each	Υ	\$41.93	2/24 Months
	E2386	Power Wheelchair Accessory, Foam Filled Drive Wheel Tire, Any Size, Replacement Only, Each	Each	N	\$94.35	2/24 Months
	E2386 U1	Power Wheelchair Accessory, Foam Filled Drive Wheel Tire, Any Size, Replacement	Foot	Υ	C404.04	2/24 Months
	E2300 U I	Only, Each (For use only with Group 3 and above) Power Wheelchair Accessory, Foam Filled Caster Tire, Any Size, Replacement Only,	Each	T	\$121.21	2/24 Months
	E2387	Each Power Wheelchair Accessory, Foam Filled Caster Tire, Any Size, Replacement Only,	Each	N	\$43.97	2/24 Months
	E2387 U1	Each (For use with only Group 3 and above)	Each	Υ	\$53.01	2/24 Months
	E2388	Power Wheelchair Accessory, Foam Drive Wheel Tire, Any Size, Replacement Only, Each	Each	Y	\$40.65	2/24 Months
		Power Wheelchair Accessory, Foam Drive Wheel Tire, Any Size, Replacement Only,				
	E2388 U1	Each (For use with only Group 3 and above) Power Wheelchair Accessory, Foam Caster Tire, Any Size, Replacement Only, Each	Each	Y	\$43.55	2/24 Months
	E2389		Each	Υ	\$22.73	2/24 Months
	E2389 U1	Power Wheelchair Accessory, Foam Caster Tire, Any Size, Replacement Only, Each (For use with only Group 3 and above)	Each	Y	\$23.67	2/24 Months
		Power Wheelchair Accessory, Solid (Rubber/Plastic) Drive Wheel Tire, Any Size,				
	E2390	Replacement Only, Each Power Wheelchair Accessory, Solid (Rubber/Plastic) Drive Wheel Tire, Any Size,	Each	Y	\$35.18	2/24 Months
	E2390 U1	Replacement Only, Each (For use with Group 3 and above	Each	Υ	\$37.41	2/24 Months
	E2391	Power Wheelchair Accessory, Solid (Rubber/Plastic) Caster Tire (Removable), Any Size, Replacement Only, Each	Each	Υ	\$16.11	2/24 Months
		Power Wheelchair Accessory, Solid (Rubber/Plastic) Caster Tire (Removable), Any Size,		V		
	E2391 U1	Replacement Only, Each (For use with Group 3 and above) Power Wheelchair Accessory, Solid (Rubber/Plastic) Caster Tire With Integrated Wheel,	Each	Y	\$17.09	2/24 Months
	E2392	Any Size, Replacement Only, Each	Each	Υ	\$40.98	2/24 Months
	E2392 U1	Power Wheelchair Accessory, Solid (Rubber/Plastic) Caster Tire With Integrated Wheel, Any Size, Replacement Only, Each (For use with Group 3 and above)	Each	Υ	\$43.55	2/24 Months
	E2394	Power Wheelchair Accessory, Drive Wheel Excludes Tire, Any Size, Replacement Only, Each	Each	Υ	\$55.02	2/24 Months
		Power Wheelchair Accessory, Drive Wheel Excludes Tire, Any Size, Replacement Only,				
	E2394 U1	Each (For use with Group 3 and above) Power Wheelchair Accessory, Caster Wheel Excludes Tire, Any Size, Replacement Only,	Each	Y	\$62.95	2/24 Months
	E2395	Each	Each	Υ	\$38.58	2/24 Months
	E2395 U1	Power Wheelchair Accessory, Caster Wheel Excludes Tire, Any Size, Replacement Only, Each (For use with Group 3 and above)	Each		\$44.93	2/24 Months
	E2396	Power Wheelchair Accessory, Caster Fork, Any Size, Replacement Only, Each	Each	N	\$48.31	2/24 Months
	K0065 K0065 RR	Spoke Protectors, Each Spoke Protectors, Each	Each Day	N N	\$43.00 \$0.14	2/24 Months 3 Months
		Rear Wheel Assembly, Complete, With Solid Tire, Spokes Or Molded, Replacement				
	K0069	only, Each Rear Wheel Assembly, Complete, With Pneumatic Tire, Spokes Or Molded, Each	Each	N	\$89.12	2/24 Months
	K0070		Each	N	\$161.92	2/24 Months
	K0070 RR	Rear Wheel Assembly, Complete, With Pneumatic Tire, Spokes Or Molded, Each	Day	N	\$0.50	3 Months
		Front Caster Assembly, Complete, With Pneumatic Tire, Replacement only, Each				
	K0071	Front Caster Assembly, Complete, With Semi-Pneumatic Tire, Replacement only,	Each	N	\$103.19	2/24 Months
	K0072	Each	Each	N	\$65.17	2/24 Months
	K0073 K0073 RR	Caster Pin Lock, Each Caster Pin Lock, Each	Each Day	N N	\$33.83 \$0.11	2/24 Months 3 Months
		Front Caster Assembly, Complete, With Solid Tire, Replacement only, Each				
	K0077	Brakes/Shock Absorber	Each	N	\$48.92	2/24 Months
Yes	E0961	Manual Wheelchair Accessory, Wheel Lock Brake Extension (Handle), Each	Each	N	\$18.52	2/24 Months
Yes	E0961 RR	Manual Wheelchair Accessory, Wheel Lock Brake Extension (Handle), Each Manual Wheelchair Accessory, Wheel Lock Assembly, Complete, Replacement	Day	N	\$0.06	3 Months
V	E2206	only, Each	Each	N	\$33.82	2/24 Months
Yes Yes	E1015 E1015 RR	Shock Absorber For Manual Wheelchair, Each Shock Absorber For Manual Wheelchair, Each	Each Day	N N	\$107.68 \$0.36	2/24 Months 3 Months
	E1016	Shock Absorber For Power Wheelchair, Each	Each	N N	\$100.75	2/24 Months
	E1016 RR	Shock Absorber For Power Wheelchair, Each Shock Absorber For Power Wheelchair, Each (For use only with Group 3 and above)	Day	N	\$0.34	3 Months
	E1016 U1		Each	Υ	\$107.55	2/24 Months
<u></u>	E1017	Heavy Duty Shock Absorber For Heavy Duty Or Extra Heavy Duty Manual Wheelchair, Each	Each	Υ	P-\$ IC	2/24 Months
	E1017 RR	Heavy Duty Shock Absorber For Heavy Duty Or Extra Heavy Duty Manual Wheelchair,	Day	Y	P-\$ IC	3 Months
<u> </u>		Each Heavy Duty Shock Absorber For Heavy Duty Or Extra Heavy Duty Power Wheelchair,				
 	E1018	Each Heavy Duty Shock Absorber For Heavy Duty Or Extra Heavy Duty Power Wheelchair,	Each	Y	P-\$ IC	2/24 Months
		Each	_			
	E1018 RR	Hardware Only	Day	Y	P-\$ IC	3 Months
.,	F.005	Wheelchair Accessory, Manual Swingaway, Retractable Or Removable Mounting	F ,	v	6405 :-	4/00**
Yes	E1028	Hardware For Joystick, Other Control Interface Or Positioning Accessory Wheelchair Accessory, Manual Swingaway, Retractable Or Removable Mounting	Each	Y	\$125.12	1/36 Months
Yes	E1028 RR	Hardware For Joystick, Other Control Interface Or Positioning Accessory	Day	Υ	\$0.42	6 Months
		Wheelchair Accessory, Manual Swingaway, Retractable Or Removable Mounting Hardware For Joystick, Other Control Interface Or Positioning Accessory (For use with				
Yes	E1028 U1	Group 3 and above)	Each	Υ	\$163.79	1/36 Months
Yes	E0958	Other Accessories Manual Wheelchair Accessory, One-Arm Drive Attachment	Each	N	\$472.73	1/60 Months
Yes	E0958 RR	Manual Wheelchair Accessory, One-Arm Drive Attachment	Day	N	\$1.33	3 Months
Yes	E0959 E0959 RR	Manual Wheelchair Accessory, Adapter For Amputee Manual Wheelchair Accessory, Adapter For Amputee	Each Day	N N	\$40.07 \$0.13	1/60 Months 3 Months
	E0939 KR	Manual Wheelchair Accessory, Hand Rim With Projections, Any Type, Replacement				
Yes	L0301	lanks and	Pair	N	\$71.67	2/60 Months 1/60 Months
Yes Yes		only, each Narrowing Devices, Wheelchair	Fach	N		
Yes Yes Yes Yes	E0969 E0969 RR	Narrowing Devices, Wheelchair Narrowing Devices, Wheelchair	Each Day	N N	\$143.00 \$0.48	3 Months
Yes Yes Yes Yes Yes Yes	E0969 E0969 RR E0971	Narrowing Devices, Wheelchair Narrowing Devices, Wheelchair Anti-Tipping Device Wheelchairs	Day Each	N N	\$0.48 \$28.82	3 Months 2/60 Months
Yes	E0969 E0969 RR E0971 E0971 RR E0974	Narrowing Devices, Wheelchair Narrowing Devices, Wheelchair Anti-Tipping Device Wheelchairs Anti-Tipping Device Wheelchairs Anti-Tipping Device Wheelchairs Wheelchair, grade-aid, anti-rollback device	Day Each Day Each	N N N	\$0.48 \$28.82 \$0.10 \$70.32	3 Months 2/60 Months 3 Months 1/60 Months
Yes Yes Yes Yes Yes Yes Yes Yes	E0969 E0969 RR E0971 E0971 RR	Narrowing Devices, Wheelchair Narrowing Devices, Wheelchair Anti-Tipping Device Wheelchairs Anti-Tipping Device Wheelchairs Anti-Tipping Device Wheelchairs Wheelchair, grade-aid, anti-rollback device Wheelchair, grade-aid, anti-rollback device	Day Each Day	N N N	\$0.48 \$28.82 \$0.10	3 Months 2/60 Months 3 Months
Yes	E0969 E0969 RR E0971 E0971 RR E0974	Narrowing Devices, Wheelchair Anti-Tipping Device Wheelchairs Anti-Tipping Device Wheelchairs Anti-Tipping Device Wheelchairs Anti-Tipping Device Wheelchairs Wheelchair, grade-aid, anti-rollback device Wheelchair, grade-aid, anti-rollback device Manual Wheelchair Accessory, Power Add-On To Convert Manual Wheelchair To Motorized Wheelchair, Joystick Control	Day Each Day Each	N N N	\$0.48 \$28.82 \$0.10 \$70.32	3 Months 2/60 Months 3 Months 1/60 Months
Yes	E0969 E0969 RR E0971 E0971 RR E0974 RR	Narrowing Devices, Wheelchair Anti-Tipping Device Wheelchairs Anti-Tipping Device Wheelchairs Anti-Tipping Device Wheelchairs Anti-Tipping Device Wheelchairs Wheelchair, grade-aid, anti-rollback device Wheelchair, grade-aid, anti-rollback device Wheelchair, grade-aid, anti-rollback device Manual Wheelchair Accessory, Power Add-On To Convert Manual Wheelchair To Motorized Wheelchair, Joystick Control Manual Wheelchair Accessory, Power Add-On To Convert Manual Wheelchair To	Day Each Day Each Day Each Day	N N N N	\$0.48 \$28.82 \$0.10 \$70.32 \$0.23 \$2,234.34	3 Months 2/60 Months 3 Months 1/60 Months 3 Months
Yes	E0969 E0969 RR E0971 E0971 RR E0974 RR E0974 RR	Narrowing Devices, Wheelchair Anti-Tipping Device Wheelchairs Anti-Tipping Device Wheelchairs Anti-Tipping Device Wheelchairs Anti-Tipping Device Wheelchairs Wheelchair, grade-aid, anti-rollback device Wheelchair, grade-aid, anti-rollback device Manual Wheelchair Accessory, Power Add-On To Convert Manual Wheelchair To Motorized Wheelchair, Joystick Control	Day Each Day Each Day Day	N N N N N	\$0.48 \$28.82 \$0.10 \$70.32 \$0.23	3 Months 2/60 Months 3 Months 1/60 Months 3 Months

	Yes	E0986	Manual Wheelchair Accessory, Push Activated Power Assist, Each	Each	Y	\$4,787.34	1/60 Months
	Yes	E0986 RR	Manual Wheelchair Accessory, Push Activated Power Assist, Each	Day	Υ	\$16.42	3 Months
		E0988 E0988 RR	Manual Wheelchair Accessory, Lever-Activated, Wheel Drive, Pair Manual Wheelchair Accessory, Lever-Activated, Wheel Drive, Pair	Pair Day	Y	P-\$ IC \$9.72	1/60 Months 3 Months
			Modification To Pediatric Size Wheelchair, Width Adjustment Package(Not To Be				
		E1011	Dispensed With Initial Chair) Wheelchair accessory, addition to power seating system, center mount power elevating	Each	Y	P-\$ IC	1/60 Months
		E1012	leg rest/platform, complete system, any type, each	Each	Υ	P-\$IC	1/60 Months
		E1012 RR	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each	Day	Υ	\$3.17	3 months
	Yes	E1020	Residual Limb Support System For Wheelchair, any type	Each	N	\$160.72	1/60 Months
	Yes	E1020 RR E1020 U1	Residual Limb Support System For Wheelchair Residual Limb Support System For Wheelchair, any type Only use for Group 3 and above)	Day	N	\$0.54	3 Months
	Yes			Each	Υ	\$201.71	1/60 Months
		E2205	Manual Wheelchair Accessory, Handrim Without Projections (Includes ergonomic or controured), Any Type, Replacement Only, Each	Each	N	\$34.96	1/60 Months
			Manual Wheelchair Accessory, Handrim Without Projections, Any Type, Replacement				
		E2205 RR E2207	Only, Each Wheelchair Accessory, Crutch And Cane Holder, Each	Day Each	N N	\$0.12 \$40.71	3 Months 1/60 Months
		E2207 RR	Wheelchair Accessory, Crutch And Cane Holder, Each	Day	N	\$0.14	3 Months
		E2207 U1	Wheelchair Accessory, Crutch And Cane Holder, Each (For use with only Group 3 and above)	Each	Υ	\$41.02	1/60 Months
		E2208	Wheelchair Accessory, Cylinder Tank Carrier, Each	Each	N	\$73.13	1/60 Months
		E2208 RR	Wheelchair Accessory, Cylinder Tank Carrier, Each Wheelchair Accessory, Cylinder Tank Carrier, Each (For use with only Group 3 and	Day	N	\$0.24	3 Months
		E2208 U1	above)	Each	Y	\$93.83	1/60 Months
		E2210	Wheelchair Accessory, Bearings, Any Type, Replacement Only, Each Wheelchair Accessory, Bearings, Any Type, Replacement Only, Each (For use with only	Each	N	\$4.94	1/60 Months
		E2210 U1	Group 3 and above)	Each	Υ	\$5.41	1/60 Months
		K0105 K0105 RR	Iv Hanger, Each Iv Hanger, Each	Each Day	N N	\$85.11 \$0.28	1/60 Months 3 Months
		K0098	Drive belt for power wheelchair, Replacement only	Each	N	\$23.72	1/36Months
		K0098 RR	Drive belt for power wheelchair Batteries/Motor/Gear Box/Charges	Day	N	\$0.08	3 Months
		E2358	Power Wheelchair Accessory, Group 34 Non-Sealed Lead Acid Battery, each	Each	N	IC	2/6 Months
		E2358 RR E2359	Power Wheelchair Accessory, Group 34 Non-Sealed Lead Acid Battery, each Power Wheelchair Accessory, Group 34 Sealed Lead Acid Battery, Each	Each Each	N N	IC \$146.78	3 Months 2/6 Months
		E2359 RR	Power Wheelchair Accessory, Group 34 Sealed Lead Acid Battery, Each	Each	N N	\$0.49	3 Months
		E2359 U1	Power Wheelchair Accessory, Group 34 Sealed Lead Acid Battery, Each (For use only w Group 3 and above)	Each	Υ	\$160.05	2/6 Months
		E2360	Power Wheel Chair Accessory, 22 Nf Non-Sealed Lead Acid Battery, Each	Each	N	\$89.59	2/6 Months
		E2360 RR E2361	Power Wheel Chair Accessory, 22 Nf Non-Sealed Lead Acid Battery, Each Power Wheel Chair Accessory, 22 Nf Sealed Lead Acid Battery, Each (E.G. Gel Cell,	Day	N	\$0.30	3 Months
			Absorbed Glassmat)	Each	N	\$103.67	2/6 Months
		E2361 RR	Power Wheel Chair Accessory, 22 Nf Sealed Lead Acid Battery, Each (E.G. Gel Cell, Absorbed Glassmat)	Day	N	\$0.35	3 Months
		E2361 U1	Power Wheel Chair Accessory, 22 Nf Sealed Lead Acid Battery, Each (E.G. Gel Cell,	Day	IN	\$0.33	3 WOITERS
		E2362	Absorbed Glassmat) (For use with only Group 3 and above) Power Wheel Chair Accessory, Group 24 Non-Sealed Lead Acid Battery, Each	Each Each	Y N	\$115.62 \$81.99	2/6 Months 2/6 Months
		E2362 RR	Power Wheel Chair Accessory, Group 24 Non-Sealed Lead Acid Battery, Each Power Wheel Chair Accessory, Group 24 Non-Sealed Lead Acid Battery, Each	Day	N N	\$81.99	3 Months
		E2363	Power Wheel Chair Accessory, Group 24 Sealed Lead Acid Battery, Each (E.G. Gel Cell,		N	£400.00	0/0 14
		E2363 RR	Absorbed Glassmat) Power Wheel Chair Accessory, Group 24 Sealed Lead Acid Battery, Each (E.G. Gel Cell,	Each	N	\$130.00	2/6 Months
		E0000 II4	Absorbed Glassmat)	Day	N	\$0.43	3 Months
		E2363 U1	Power Wheel Chair Accessory, Group 24 Sealed Lead Acid Battery, Each (E.G. Gel Cell, Absorbed Glassmat) (For use with Group 3 and above only)	Each	Υ	\$151.14	2/6 Months
		E2364	Power Wheel Chair Accessory, U-1 Non-Sealed Lead Acid Battery Each	Each	N N	\$86.47	2/6 Months 3 Months
		E2364 RR E2365	Power Wheel Chair Accessory, U-1 Non-Sealed Lead Acid Battery Each Power Wheel Chair Accessory, U-1 Sealed Lead Acid Battery (E.G. Gel Cell, Absorbed	Day	IN	\$0.29	3 Months
		FOOCE DD	Glassmat)	Each	N	\$72.50	2/6 Months
		E2365 RR	Power Wheel Chair Accessory, U-1 Sealed Lead Acid Battery (E.G. Gel Cell, Absorbed Glassmat)	Day	N	\$0.24	3 Months
		E2365 U1	Power Wheel Chair Accessory, U-1 Sealed Lead Acid Battery (E.G. Gel Cell, Absorbed	Fb	V		0/0 14
		E2366	Glassmat) (For use only with Group 3 and above) Power Wheel Chair Accessory, Battery Charger, Single Mode, For Use With Only One	Each	Y	\$88.43	2/6 Months
			Battery Type, Sealed Or Non-Sealed, Each , Replacement only		.,		
		E2366 RR	Power Wheel Chair Accessory, Battery Charger, Single Mode, For Use With Only One	Each	Y	\$138.34	2/6 Months
		LZ300 KK	Battery Type, Sealed Or Non-Sealed, Each , Replacement only				
		E2366 U1	Down What Ohio Assess Dates Change Cityle Made Facility With Oak On	Day	Y	\$0.46	3 Months
		E2300 U1	Power Wheel Chair Accessory, Battery Charger, Single Mode, For Use With Only One Battery Type, Sealed Or Non-Sealed, Each, Replacement only (For use only with Group				
			3 and above)	Each	Υ	\$180.75	2/6 Months
		E2367	Power Wheel Chair Accessory, Battery Charger, Dual Mode, For Use With Either Battery Type, Sealed Or Non-Sealed, Each, Replacement only				
			Type, Socied St. Not. Socied, Edon, Ropidsonion Striy	Each	Υ	\$276.95	2/6 Months
		E2367 RR	Power Wheel Chair Accessory, Battery Charger, Dual Mode, For Use With Either Battery				
			Type, Sealed Or Non-Sealed, Each, Replacement only	Dov	Y	\$0.92	3 Months
		E2367 U1	Power Wheel Chair Accessory, Battery Charger, Dual Mode, For Use With Either Battery	Day	Ť	ф 0.92	o ivioriths
			Type, Sealed Or Non-Sealed, Each, Replacement only (For use only with Group 3 and above)				0/0::
		E2368	Power Wheelchair Component, drive wheel motor, replacement only	Each Each	Y	\$342.41 \$383.00	2/6 Months 2/36 Months
			Power Wheelchair Component, drive wheel motor, replacement only (For use only with				
		E2368 U1 E2369	Group 3 and above) Power Wheelchair Component, drive wheel, gear box, replacement only	Each Each	Y	\$422.46 \$358.99	2/36 Months 2/36 Months
			Power Wheelchair Component, drive wheel, gear box, replacement only (For use only				
		E2369 U1	with Group 3 and above) Power Wheelchair Component, integrated drive wheel motor and gear box	Each	Y	\$371.62	2/36 Months
		E2370	combination, replacement only	Each	Y	\$501.42	2/36 Months
		E2370 U1	Power Wheelchair Component, integrated drive wheel motor and gear box combination,replacement only (For use only with Group 3 and above)	Each	Υ	\$635.98	2/36 Months
			Power Wheelchair Accessory, Group 27 Sealed Lead Acid Battery, (E.G. Gel Cell,				
		E2371	Absorbed Glassmat), Each Power Wheelchair Accessory, Group 27 Sealed Lead Acid Battery, (E.G. Gel Cell,	Each	N	\$131.61	2/6 Months
		E2371 RR	Absorbed Glassmat), Each	Day	N	\$0.40	3 Months
		E2372 E2372 RR	Power Wheelchair Accessory, Group 27 Non-Sealed Lead Acid Battery, Each Power Wheelchair Accessory, Group 27 Non-Sealed Lead Acid Battery, Each	Each Day	Y Y	IC IC	2/6 Months 3 Months
		E2372 RR E2397	Power Wheelchair Accessory, Group 27 Non-Sealed Lead Acid Battery, Each Power Wheelchair accessory, lithium-based battery, each	Each	Y	\$399.73	2/6 Months
		E2397 RR	Power Wheelchair accessory, lithium-based battery, each	Day	Y Y	\$1.33	3 Months
		E2378	Power Wheelchair Component, actuator, replacement only Power Wheelchair Accessory, 12 To 24 Amp Hour Sealed Lead Acid Battery, Each (E.G.	each		IC	1/36 Month
		K0733	Gel Cell, Absorbed Glassmat)	Each	N	\$27.75	2/6 Months
		K0733 RR	Power Wheelchair Accessory, 12 To 24 Amp Hour Sealed Lead Acid Battery, Each (E.G. Gel Cell, Absorbed Glassmat)	Day	N	\$0.09	3 Months
			Manual Wheelchairs				
		E1050	Reclining and Tilt in Space Fully-Reclining Wheelchair, Fixed Full Length Arms, Swing Away, Detachable, Elevating				
			Leg Rests	Each	N	\$840.42	1/60 Months
<u> </u>		E1050 RR	Fully-Reclining Wheelchair, Fixed Full Length Arms, Swing Away, Detachable, Elevating Leg Rests	Day	N	\$3.44	3 Months
		E1060	Fully-Reclining Wheelchair, Detachable Arms, Desk Or Full Length, Swing Away,				
			Detachable, Elevating Leg Rests	Each	N	\$931.79	1/60 Months

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		E1060 RR	Fully Reclining Wheelchair, Detachable Arms, Desk Or Full Length, Swing Away, Detachable, Elevating Leg Rests	Day	N	\$4.26	3 Months
		E1070	Fully Reclining Wheelchair, Detachable Arms, Desk Or Full Length, Swing Away, Detachable Footrests	Each	N	\$720.60	1/60 Months
		E1070 RR	Fully Reclining Wheelchair, Detachable Arms, Desk Or Full Length, Swing Away, Detachable Footrests	Day	N	\$3.38	3 Months
		E1100	Semi-Reclining Wheelchair, Fixed Full Length Arms, Swing Away Detachable Elevating Leg Rests	Each	Y	\$867.96	1/60 Months
		E1100 RR	Semi-Reclining Wheelchair, Fixed Full Length Arms, Swing Away Detachable Elevating	Day	N	\$3.10	3 Months
	Yes	E1161	Manual Adult Size Wheelchair, Includes Tilt In Space	Each	Υ	\$2,328.69	1/60 Months
	Yes	E1161 RR	Manual Adult Size Wheelchair, Includes Tilt In Space Hemi	Day	N	\$7.99	3 Months
		E1083	Hemi Wheelchair, Fixed Full Length Arms, Swing Away Detachable Elevating Leg Rests	Each	N	\$454.25	1/60 Months
		E1083 RR	Hemi Wheelchair, Fixed Full Length Arms, Swing Away Detachable Elevating Leg Rests	Day	N	\$2.32	3 Months
		E1084	Hemi-Wheelchair, Detachable Arms, Desk Or Full Length Arms, Swing Away, Detachable .Elevating Leg Rest	Each	N	\$743.04	1/60 Months
		E1084 RR	Hemi Wheelchair, Detachable Arms, Desk Or Full Length Arms, Swing Away,	Lacii		ψ1 40.04	1/00 WOTERS
		E1085	Detachable, Elevating Leg Rest Hemi Wheelchair, Fixed Full Length Arms, Swing Away, Detachable Footrests	Day Each	N N	\$3.31 \$395.80	3 Months 1/60 Months
		E1085 RR	Hemi Wheelchair, Fixed Full Length Arms, Swing Away, Detachable Footrests	Day	N	\$1.32	3 Months
		E1086	Hemi Wheelchair, Detachable Arms, Desk Or Full Length, Swing Away, Detachable	Each	N	\$663.97	1/60 Months
		E1086 RR	Footrests Hemi Wheelchair, Detachable Arms, Desk Or Full Length, Swing Away, Detachable				
	YEs	K0002	Footrests Standard Hemi (Low Seat) Wheelchair	Day Each	N Y	\$2.21 \$649.30	3 Months 1/60 Months
	Yes	K0002 RR	Standard Hemi (Low Seat) Wheelchair High Strength Light Weight Wheelchair	Day	N	\$1.65	3 Months
		E1087	High Strength Light Weight Wheelchair, Fixed Full Length Arms, Swing Away,			_	
		E1087 RR	Detachable, Elevating Legrests High Strength Light Weight Wheelchair, Fixed Full Length Arms, Swing Away,	Each	N	\$887.61	1/60 Months
		E1088	Detachable, Elevating Legrests High Strength Light Weight Wheelchair, Detachable Arms, Desk Or Full Length, Swing	Day	N	\$4.26	3 Months
		E1088 RR	Away, Detachable, Elevating Legrests High Strength Light Weight Wheelchair, Detachable Arms, Desk Or Full Length, Swing	Each	N	\$973.22	1/60 Months
			Away, Detachable, Elevating Leg Rests	Day	N	\$4.91	3 Months
		E1089	High Strength Light Weight Wheelchair, Fixed Length Arms, Swing Away, Detachable Footrests	Each	N	\$853.23	1/60 Months
		E1089 RR	High Strength Light Weight Wheelchair, Fixed Length Arms, Swing Away, Detachable Footrests	Day	N	\$2.84	3 Months
		E1090	High Strength Light Weight Wheelchair, Detachable Arms Desk Or Full Length, Swing Away, Detachable Footrests	Each	N	\$744.16	1/60 Months
		E1090 RR	High Strength Light Weight Wheelchair, Detachable Arms, Desk Or Full Length, Swing Away, Detachable Foot Rests				
			Heavy Duty	Day	N	\$2.48	3 Months
		E1092	Wide Heavy Duty Wheelchair, Detachable Arms Desk Or Full Length, Swing Away, Detachable, Elevating Leg Rests	Each	N	\$802.52	1/60 Months
		E1092 RR	Wide Heavy Duty Wheelchair, Detachable Arms, Desk Or Full Length, Swing Away, Detachable, Elevating Leg Rest	Day	N	\$3.87	3 Months
		E1093	Wide Heavy Duty Wheelchair, Detachable Arms, Desk Or Full Length Arms, Swing Away Detachable Foot Rests	Each	N	\$685.03	1/60 Months
		E1093 RR	Wide Heavy Duty Wheelchair, Detachable Arms, Desk Or Full Length Arms, Swing Away,		N	\$3.54	3 Months
		E1195	Detachable Foot Rests Heavy Duty Wheelchair, Fixed Full Length Arms, Swing Away Detachable, Elevating Leg	Day			
		E1195 RR	Rests Heavy Duty Wheelchair, Fixed Full Length Arms, Swing Away, Detachable, Elevating Leg	Each	N	\$725.42	1/60 Months
		E1280	Rests Heavy Duty Wheelchair, Detachable Arms, Desk Or Full Length, Elevating Legrests	Day	N	\$3.76	3 Months
		E1280 RR	Heavy Duty Wheelchair, Detachable Arms, Desk Or Full Length, Elevating Legrests	Each	N	\$1,052.03	1/60 Months
		E1285	Heavy Duty Wheelchair, Fixed Full Length Arms, Swing Away, Detachable Foot Rests,	Day	N	\$4.43	3 Months
				Each	N	\$525.58	1/60 Months
		E1285 RR	Heavy Duty Wheelchair, Fixed Full Length Arms, Swing Away, Detachable Foot Rests	Day	N	\$1.76	3 Months
		E1290	Heavy Duty Wheelchair, Detachable Arms, Desk Or Full Length, Swing Away, Detachable Foot Rests	Each	N	\$789.19	1/60 Months
		E1290 RR	Heavy Duty Wheelchair, Detachable Arms, Desk Or Full Length, Swing Away, Detachable Foot Rests	Day	N	\$2.63	3 Months
		E1295 E1295 RR	Heavy Duty Wheelchair, Fixed Full-Length Arms, Elevating Leg Rests Heavy Duty Wheelchair, Fixed Full-Length Arms, Elevating Leg Rests	Each Day	N N	\$672.56 \$3.45	1/60 Months 3 Months
	Yes	K0006	Heavy-Duty Wheelchair	Each	Υ	\$1,007.37	1/60 Months
	Yes Yes	K0006 RR K0007	Heavy-Duty Wheelchair Extra Heavy-Duty Wheelchair	Day Each	N Y	\$2.48 \$2,331.81	3 Months 1/60 Months
	Yes	K0007 RR	Extra Heavy-Duty Wheelchair Standard	Day	N	\$3.55	3 Months
		E1130	Standard Wheelchair Fixed Full Length Arms Fixed Or Swing Away Detachable Leg Rest	Each	N	\$335.89	1/60 Months
		E1130 RR	Standard Wheelchair, Fixed Full Length Arms, Fixed Or Swing Away Detachable Leg	Day	N	\$1.01	3 Months/Year
		E1140	Wheelchair, Detachable Arms, Desk Or Full Length, Swing Away Detachable Foot Rests	Each	N	\$470.84	1/60 Months
		E1140 RR	Wheelchair, Detachable Arms, Desk Or Full Length, Swing Away Detachable Footrest				
		E1150	Wheelchair, Detachable Arms, Desk Or Full Length Swing Away Detachable Elevating	Day	N	\$1.58	3 Months/Year
		E1150 RR	Leg Rests Wheelchair, Detachable Arms, Desk Or Full Length Swing Away Detachable Elevating	Each	N	\$565.04	1/60 Months
	-	E1160	Leg Rests Wheelchair, Fixed Full Length Arms, Swing Away Detachable, Elevating Leg Rests	Day	N	\$2.75	3 Months/Year
		E1160 RR	Wheelchair, Fixed Full Length Arms, Swing Away Detachable, Elevating Leg Rests	Each	N	\$418.15	1/60 Months
				Day	N	\$2.06	3 Months/Year
		E 1221RR E 1222 RR	Wheelchair, Fixed Arm, Foot Rests Wheelchair, Fixed Arm, Elevating Leg Rests	Day Day	N N	\$1.60 \$2.29	3 Months/Yr 3 Months/Yr
		E 1223 RR E 1224 RR	Wheelchair, Detachable Arms, Foot Rests Wheelchair, Detachable Arms, Elevating Leg Rests	Day Day	N N	\$2.15 \$2.74	3 Months/Yr 3 Months/Yr
		E1170	Amputee Amputee Wheelchair, Fixed Full Length Arms, Swing Away, Detachable, Elevating Leg				
ļ		E1170 RR	Rests Amputee Wheelchair, Fixed Full Length Arms, Swing Away, Detachable, Elevating Leg	Each	N	\$616.01	1/60 Months
			Rests	Day	N	\$3.02	3 Months/Year
		E1171 E1171 RR	Amputee Wheelchair, Fixed Full Length Arms, Without Footrests Or Leg Rests Amputee Wheelchair, Fixed Full Length Arms, Without Foot Rests Or Leg Rests	Each Day	N N	\$548.78 \$2.71	1/60 Months 3 Months
		E1172	Amputee Wheelchair, Detachable Arms (Desk Or Full Length), W/O Foot Or Leg Rests	Each	N	\$550.68	1/60 Months
		E1172 RR	Amputee Wheelchair, Detachable Arms (Desk Or Full Length), W/O Foot Or Leg Rests	Day	N	\$2.81	3 Months
		E1180	Amputee Wheelchair, Detachable Arms (Desk Or Full Length), Swing Away Det. Foot Rests	Each	N	\$685.28	1/60 Months
		E1180 RR	Amputee Wheelchair, Detachable Arms (Desk Or Full Length), Swing Away Detachable				
			Foot Rests	Day	N	\$3.36	3 Months

į į		E1190	Amputee Wheelchair, Detachable Arms (Desk Or Full Length) Swing Away, Detachable,				
		E1190 RR	Elevating Leg Rests Amputee Wheelchair, Detachable Arms (Desk Or Full Length), Swing Away, Detachable,	Each	N	\$863.20	1/60 Months
			Elevating Leg Rests	Day	N	\$3.95	3 Months
		E1200	Amputee Wheelchair, Fixed Full Length Arms, Swing Away, Detachable Foot Rests	Each	N	\$652.45	1/60 Months
		E1200 RR	Amputee Wheelchair, Fixed Full Length Arms, Swing Away Detachable Foot Rests	Day	N	\$2.94	3 Months
		E1231	Pediatric Manual Wheelchairs Wheelchair, Pediatric Size, Tilt-In-Space, Rigid, Adjustable, With Seating System				
		E1231 RR	Wheelchair, Pediatric Size, Tilt-In-Space, Rigid, Adjustable, With Seating System	Each	Y	IC	1/36 Months
	.,	E1232	Wheelchair, Pediatric Size, Tilt-In-Space, Folding, Adjustable, With Seating System	Day	Y	IC	3 Months
	Yes	E1232 RR	Wheelchair, Pediatric Size, Tilt-In-Space, Folding, Adjustable, With Seating System	Each	Y	\$2,104.60	1/36 Months
	Yes	E1233	Wheelchair, Pediatric Size, Tilt-In-Space, Rigid, Adjustable, Without Seating System	Day	Y	\$7.22	3 Months
	Yes			Each	Υ	\$2,180.70	1/36 Month
	Yes	E1233 RR	Wheelchair, Pediatric Size, Tilt-In-Space, Rigid, Adjustable, Without Seating System	Day	Υ	\$7.48	3 Months
	Yes	E1234	Wheelchair, Pediatric Size, Tilt-In-Space, Folding, Adjustable, Without Seating System	Each	Υ	\$1,898.46	1/36 Months
	Yes	E1234 RR	Wheelchair, Pediatric Size, Tilt-In-Space, Folding, Adjustable, Without Seating System	Day	Υ	\$6.51	3 Months
	Yes Yes	E1235 E1235 RR	Wheelchair, Pediatric Size, Rigid, Adjustable, With Seating System Wheelchair, Pediatric Size, Rigid, Adjustable, With Seating System	Each Day	Y	\$1,828.06 \$6.27	1/36 Months 3 Months
	Yes Yes	E1236 E1236 RR	Wheelchair, Pediatric Size, Folding, Adjustable, With Seating System Wheelchair, Pediatric Size, Folding, Adjustable, With Seating System	Each Day	Y Y	\$1,612.82 \$5.53	1/36 Months 3 Months
	Yes	E1237	Wheelchair, Pediatric Size, Rigid, Adjustable, Without Seating System	Each	Υ	\$1,626.91	1/36 Months
	Yes Yes	E1237 RR E1238	Wheelchair, Pediatric Size, Rigid, Adjustable, Without Seating System Wheelchair, Pediatric Size, Folding, Adjustable, Without Seating System	Day Each	Y	\$5.58 \$1,612.82	3 Months 1/36 Months
	Yes	E1238 RR	Wheelchair, Pediatric Size, Folding, Adjustable, Without Seating System Lightweight Wheelchairs	Day	Y	\$5.53	3 Months
		E1240	Lightweight Wheelchair, Detachable Arms, (Desk Or Full Length) Swing Away, Detachable Elevating Leg Rests	Each	N	\$745.44	1/60 Months
		E1240 RR	Lightweight Wheelchair, Detachable Arms, (Desk Or Full Length), Swing Away,	Day	N	\$3.48	3 Months
		E1250	Detachable Elevating Leg Rests Lightweight Wheelchair, Fixed Full Length Arms, Swing Away, Detachable Foot Rests				
		E1250 RR	Lightweight Wheelchair, Fixed Full Length Arms, Swing Away, Detachable Foot Rests	Each	N	\$505.04	1/60 Months
		E1260	Lightweight Wheelchair, Detachable Arms Desk Or Full Length, Swing Away, Detachable	Day	N	\$1.68	3 Months
		E1260 RR	Footrests Lightweight Wheelchair, Detachable Arms, Desk Or Full Length, Swing Away, Detachable	Each	N	\$662.76	1/60 Months
		E1270	Footrests Lightweight Wheelchair, Fixed Full Length Arms, Swing Away, Detachable Elevating Leg	Day	N	\$2.21	3 Months
		E1270 RR	Rests Lightweight Wheelchair, Fixed Full Length Arms, Swing Away, Detachable Elevating Leg	Each	N	\$568.13	1/60 Months
	V		Rests	Day	N Y	\$2.67	3 Months
	Yes Yes	K0003 K0003 RR	Lightweight Wheelchair Lightweight Wheelchair	Each Day	N N	\$660.02 \$1.59	1/60 Months 3 Months
	Yes	K0001	Other Manual Wheelchairs Standard Wheelchair	Each	Y	\$727.09	1/60 Months
	Yes Yes	K0001 RR K0004	Standard Wheelchair High Strength Wheelchair	Day Each	N Y	\$1.04 \$1,073.43	3 Months 1/60 Months
	Yes Yes	K0004 RR K0005	High Strength Wheelchair Ultralightweight Wheelchair	Day Each	N Y	\$1.94 \$1,872.70	3 Months 1/60 Months
	Yes	K0005 RR K0008	Ultralightweight Wheelchair Custom manual wheelchair/base	Day Each	N Y	\$6.24 3.161.26	3 Months 1/60 Months
	Yes	K0009	Other Manual Wheelchair/Base	Each	Y	P-\$ IC	1/60 Months
	Yes	K0009 RR	Other Manual Wheelchair/Base Power Operated Vehicle Group 1	Day	Y	P-\$ IC	3 Months
		K0800	Power Operated Vehicle, Group 1 Standard, Patient Weight Capacity Up To And Including 300 Pounds	Each	Υ	\$790.95	1/60 Months
		K0800 RR	Power Operated Vehicle, Group 1 Standard, Patient Weight Capacity Up To And Including 300 Pounds	Day	Υ	\$2.64	3 Months
		K0801	Power Operated Vehicle, Group 1 Heavy Duty, Patient Weight Capacity, 301 To 450 Pounds	Each	Υ	\$1,468.91	1/60 Months
		K0801 RR	Power Operated Vehicle, Group 1 Heavy Duty, Patient Weight Capacity, 301 To 450 Pounds	Day	Υ	\$4.90	3 Months
		K0802	Power Operated Vehicle, Group 1 Very Heavy Duty, Patient Weight Capacity 451 To 600	Each	Y		1/60 Months
			Power Operated Vehicle, Group 1 Very Heavy Duty, Patient Weight Capacity 451 To 600			\$1,944.23	3 Months
		K0802 RR	Pound Misc Power Chairs	Day	Y	\$6.48	3 Months
		K0010 RR					
			Standard weight frame motorized/power wheelchair (Rental Only) Standard weight frame motorized/power wheelchair with programmable contol (Rental	Day	Y	\$12.82	3 Months
		K0011RR K0012 RR		Day Day Day	Y Y Y	\$12.82 \$16.88 \$10.36	3 Months 3 Months 3 Months
			Standard weight frame motorized/power wheelchair with programmable contol (Rental Only) Light weight portable motorized/power wheelchair (Rental Only) Custom motorized/power wheelchair base	Day	Υ	\$16.88	3 Months
		K0012 RR	Standard weight frame motorized/power wheelchair with programmable contol (Rental Only) Light weight portable motorized/power wheelchair (Rental Only)	Day Day	Y	\$16.88 \$10.36	3 Months 3 Months
		K0012 RR	Standard weight frame motorized/power wheelchair with programmable contol (Rental Only) Light weight portable motorized/power wheelchair (Rental Only) Custom motorized/power wheelchair base Power Wheelchair Group 1 Power Wheelchair, Group 1 Standard, Portable, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds	Day Day	Y	\$16.88 \$10.36	3 Months 3 Months
		K0012 RR K0013	Standard weight frame motorized/power wheelchair with programmable contol (Rental Only) Light weight portable motorized/power wheelchair (Rental Only) Custom motorized/power wheelchair base Power Wheelchair Group 1 Power Wheelchair, Group 1 Standard, Portable, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Portable, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds	Day Day Each	Y Y Y	\$16.88 \$10.36 P-\$ IC	3 Months 3 Months 1/60 Months
		K0012 RR K0013	Standard weight frame motorized/power wheelchair with programmable contol (Rental Onhy) Light weight portable motorized/power wheelchair (Rental Only) Custom motorized/power wheelchair base Power Wheelchair, Group 1 Standard, Portable, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Portable, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Portable, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds	Day Day Each	Y Y Y	\$16.88 \$10.36 P-\$ IC \$1,582.53	3 Months 3 Months 1/60 Months
		K0012 RR K0013 K0813 K0813 RR	Standard weight frame motorized/power wheelchair with programmable contol (Rental Onhy) Light weight portable motorized/power wheelchair (Rental Only) Custom motorized/power wheelchair base Power Wheelchair, Group 1 Standard, Portable, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Portable, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Portable, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds	Day Day Each Day	Y Y Y	\$16.88 \$10.36 P-\$ IC \$1,582.53 \$8.12	3 Months 3 Months 1/60 Months 1/60 Months 3 Months
		K0012 RR K0013 K0813 K0813 RR K0814	Standard weight frame motorized/power wheelchair with programmable contol (Rental Only) Light weight portable motorized/power wheelchair (Rental Only) Custom motorized/power wheelchair base Power Wheelchair, Group 1 Standard, Portable, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Portable, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Siing/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds	Day Day Each Each Day Each	Y Y Y	\$16.88 \$10.36 P-\$ IC \$1,582.53 \$8.12 \$1,658.43	3 Months 3 Months 1/60 Months 1/60 Months 3 Months 1/60 Months
		K0012 RR K0013 K0813 K0813 RR K0814 RR	Standard weight frame motorized/power wheelchair with programmable contol (Rental Only) Light weight portable motorized/power wheelchair (Rental Only) Custom motorized/power wheelchair base Power Wheelchair, Group 1 Standard, Portable, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Portable, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Sling/Solid Seat And Back, Patient Weight	Day Day Each Each Day Each Day	Y Y Y Y Y Y Y	\$16.88 \$10.36 P-\$ IC \$1,582.53 \$8.12 \$1,658.43 \$7.92	3 Months 3 Months 1/60 Months 1/60 Months 3 Months 1/60 Months 3 Months
		K0012 RR K0013 K0813 K0813 RR K0814 K0814 RR K0815 RR	Standard weight frame motorized/power wheelchair with programmable contol (Rental Onhy) Light weight portable motorized/power wheelchair (Rental Only) Custom motorized/power wheelchair base Power Wheelchair, Group 1 Standard, Portable, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Portable, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Portable, Capatains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds	Day Day Each Day Each Day Each Day Each Day	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	\$16.88 \$10.36 P-\$ IC \$1,582.53 \$8.12 \$1,658.43 \$7.92 \$1,842.75 \$9.09	3 Months 3 Months 1/60 Months 1/60 Months 3 Months 1/60 Months 3 Months 1/60 Months 3 Months
		K0012 RR K0013 K0813 K0813 RR K0814 K0814 RR K0815 K0815 RR	Standard weight frame motorized/power wheelchair with programmable contol (Rental Onhy) Light weight portable motorized/power wheelchair (Rental Only) Custom motorized/power wheelchair base Power Wheelchair, Group 1 Standard, Portable, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Portable, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds	Day Day Each Each Day Each Day Each Day Each Day Each Day Each	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	\$16.88 \$10.36 P-\$ IC \$1,582.53 \$8.12 \$1,658.43 \$7.92 \$1,842.75 \$9.09 \$1,720.87	3 Months 3 Months 1/60 Months 1/60 Months 3 Months 1/60 Months 3 Months 1/60 Months 3 Months 1/60 Months 1/60 Months
		K0012 RR K0013 K0813 K0813 RR K0814 K0814 RR K0815 RR	Standard weight frame motorized/power wheelchair with programmable contol (Rental Only) Light weight portable motorized/power wheelchair (Rental Only) Custom motorized/power wheelchair base Power Wheelchair, Group 1 Standard, Portable, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Portable, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Powered Operated Vehicle Group 2	Day Day Each Day Each Day Each Day Each Day	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	\$16.88 \$10.36 P-\$ IC \$1,582.53 \$8.12 \$1,658.43 \$7.92 \$1,842.75 \$9.09	3 Months 3 Months 1/60 Months 1/60 Months 3 Months 1/60 Months 3 Months 1/60 Months 3 Months
		K0012 RR K0013 K0813 K0813 RR K0814 K0814 RR K0815 K0815 RR	Standard weight frame motorized/power wheelchair with programmable contol (Rental Only) Light weight portable motorized/power wheelchair (Rental Only) Light weight portable motorized/power wheelchair (Rental Only) Custom motorized/power wheelchair base Power Wheelchair, Group 1 Standard, Portable, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Portable, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Portable, Capatains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 2 Standard, Patient Weight Capacity Up To And Including 300 Pounds	Day Day Each Each Day Each Day Each Day Each Day Each Day Each	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	\$16.88 \$10.36 P-\$ IC \$1,582.53 \$8.12 \$1,658.43 \$7.92 \$1,842.75 \$9.09 \$1,720.87	3 Months 3 Months 1/60 Months 1/60 Months 3 Months 1/60 Months 3 Months 1/60 Months 3 Months 1/60 Months 1/60 Months
		K0012 RR K0013 K0813 K0813 RR K0814 K0814 RR K0815 K0816 RR	Standard weight frame motorized/power wheelchair with programmable contol (Rental Onhy) Light weight portable motorized/power wheelchair (Rental Only) Custom motorized/power wheelchair base Power Wheelchair, Group 1 Standard, Portable, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Portable, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 2 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Operated Vehicle, Group 2 Standard, Patient Weight Capacity Up To And Including 300 Pounds Power Operated Vehicle, Group 2 Standard, Patient Weight Capacity Up To And Including 300 Pounds Power Operated Vehicle, Group 2 Standard, Patient Weight Capacity Up To And Including 300 Pounds	Day Day Each Day Each Day Each Day Each Day Each Day	Y Y Y Y Y Y Y Y Y	\$16.88 \$10.36 P-\$ IC \$1,582.53 \$8.12 \$1,658.43 \$7.92 \$1,842.75 \$9.09 \$1,720.87	3 Months 3 Months 1/60 Months 1/60 Months 3 Months
		K0012 RR K0013 K0813 K0813 RR K0814 K0814 RR K0815 K0816 RR K0816 RR	Standard weight frame motorized/power wheelchair with programmable contol (Rental Onhy) Light weight portable motorized/power wheelchair (Rental Only) Custom motorized/power wheelchair base Power Wheelchair, Group 1 Standard, Portable, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Portable, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Portable, Capatains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Operated Vehicle, Group 2 Standard, Patient Weight Capacity Up To And Including 300 Pounds Power Operated Vehicle, Group 2 Standard, Patient Weight Capacity Up To And Including 300 Pounds Power Operated Vehicle, Group 2 Standard, Patient Weight Capacity Up To And Including 300 Pounds	Day Day Each Day	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	\$16.88 \$10.36 P-\$ IC \$1,582.53 \$8.12 \$1,658.43 \$7.92 \$1,842.75 \$9.09 \$1,720.87 \$9.04	3 Months 3 Months 1/60 Months 1/60 Months 1/60 Months 3 Months 1/60 Months 3 Months 1/60 Months 3 Months 1/60 Months 1/60 Months 1/60 Months
		K0012 RR K0013 K0813 K0813 RR K0814 K0814 RR K0815 K0816 RR K0816 RR K0806 K0806 RR	Standard weight frame motorized/power wheelchair with programmable contol (Rental Only) Light weight portable motorized/power wheelchair (Rental Only) Custom motorized/power wheelchair base Power Wheelchair, Group 1 Standard, Portable, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Portable, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Portable, Capatains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Operated Vehicle, Group 2 Standard, Patient Weight Capacity Up To And Including 300 Pounds Power Operated Vehicle, Group 2 Standard, Patient Weight Capacity Up To And Including 300 Pounds Power Operated Vehicle, Group 2 Standard, Patient Weight Capacity Up To And Including 300 Pounds Power Operated Vehicle, Group 2 Standard, Patient Weight Capacity Up To And Including 300 Pounds Power Operated Vehicle, Group 2 Heavy Duty, Patient Weight Capacity 301 To 450 Power Operated Vehicle, Group 2 Heavy Duty, Patient Weight Capacity 301 To 450 Power Operated Vehicle, Group 2 Heavy Duty, Patient Weight Capacity 301 To 450 Power Operated Vehicle, Group 2 Heavy Duty, Patient Weight Capacity 301 To 450 Power Operated Vehicle, Group 2 Heavy Duty, Patient Weight Capacity 301 To 45	Day Day Each Day	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	\$16.88 \$10.36 P-\$ IC \$1,582.53 \$8.12 \$1,658.43 \$7.92 \$1,842.75 \$9.09 \$1,720.87 \$9.04 \$1,194.47 \$3.98 \$1,851.13	3 Months 3 Months 1/60 Months 1/60 Months 1/60 Months 3 Months 1/60 Months 1/60 Months
		K0012 RR K0013 K0813 K0813 RR K0814 K0814 RR K0815 K0816 RR K0816 RR K0806 K0806 RR K0807	Standard weight frame motorized/power wheelchair with programmable contol (Rental Onhy) Light weight portable motorized/power wheelchair (Rental Only) Custom motorized/power wheelchair base Power Wheelchair, Group 1 Standard, Portable, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Portable, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 2 Standard, Patient Weight Capacity Up To And Including 300 Pounds Power Operated Vehicle, Group 2 Standard, Patient Weight Capacity Up To And Including 300 Pounds Power Operated Vehicle, Group 2 Standard, Patient Weight Capacity Up To And Including 300 Pounds Power Operated Vehicle, Group 2 Standard, Patient Weight Capacity Up To And Including 300 Pounds Power Operated Vehicle, Group 2 Heavy Duty, Patient Weight Capacity Up To And Including 300 Pounds	Day Day Day Each Day	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	\$16.88 \$10.36 P-\$ IC \$1,582.53 \$8.12 \$1,658.43 \$7.92 \$1,842.75 \$9.09 \$1,720.87 \$9.04 \$1,194.47 \$3.98 \$1.851.13	3 Months 3 Months 1/60 Months 1/60 Months 1/60 Months 3 Months
		K0012 RR K0013 K0813 K0813 RR K0814 K0814 RR K0815 K0816 RR K0816 RR K0806 K0806 RR K0807 K0807 RR K0808	Standard weight frame motorized/power wheelchair with programmable contol (Rental Only) Light weight portable motorized/power wheelchair (Rental Only) Custom motorized/power wheelchair base Power Wheelchair, Group 1 Standard, Portable, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Portable, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Portable, Capatains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 2 Standard, Patient Weight Capacity Up To And Including 300 Pounds Power Operated Vehicle, Group 2 Standard, Patient Weight Capacity Up To And Including 300 Pounds Power Operated Vehicle, Group 2 Standard, Patient Weight Capacity 301 To 450 Pounds Power Operated Vehicle, Group 2 Heavy Duty, Patient Weight Capacity 451 To 600 Power Operated Vehicle, Group 2 Very Heavy Duty, Patient Weight Capacity 451 To 600 Power Operated Vehicle, Group 2 Very Heavy Duty, Patient Weight Capacity 451 To 600 Power Operated Vehicle, Group 2 Very Heavy Duty, Patient Weight Capacity 451 To 600 Power Operated Vehicle, Group 2 Very Heavy Duty, Patient Weight Capacity 451 To 600 Power Operated Vehicle, Group 2 Very Heavy Duty, Patient Weight Capacity 451 To 600 Power Operat	Day Day Each Day	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	\$16.88 \$10.36 P-\$ IC \$1,582.53 \$8.12 \$1,658.43 \$7.92 \$1,842.75 \$9.09 \$1,720.87 \$9.04 \$1,194.47 \$3.98 \$1,851.13 \$6.17 \$2,861.53	3 Months 3 Months 1/60 Months 1/60 Months 3 Months 1/60 Months 1/60 Months 1/60 Months
		K0012 RR K0013 K0813 K0813 RR K0814 K0814 RR K0815 K0816 RR K0816 RR K0806 K0806 RR K0807	Standard weight frame motorized/power wheelchair with programmable contol (Rental Onhy) Light weight portable motorized/power wheelchair (Rental Only) Custom motorized/power wheelchair base Power Wheelchair, Group 1 Standard, Portable, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Portable, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Portable, Capatains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 2 Standard, Patient Weight Capacity Up To And Including 300 Pounds Power Operated Vehicle, Group 2 Standard, Patient Weight Capacity Up To And Including 300 Pounds Power Operated Vehicle, Group 2 Standard, Patient Weight Capacity Up To And Including 300 Pounds Power Operated Vehicle, Group 2 Heavy Duty, Patient Weight Capacity 301 To 450 Pounds Power Operated Vehicle, Group 2 Heavy Duty, Patient Weight Capacity 301 To 450 Pounds Power Operated Vehicle, Group 2 Heavy Duty, Patient Weight Capacity 451 To 600 Pounds Power Operated Vehicle, Group 2 Very Heavy Duty, Patient Weight Capacity 451 To 600 Pounds	Day Day Day Each Day	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	\$16.88 \$10.36 P-\$ IC \$1,582.53 \$8.12 \$1,658.43 \$7.92 \$1,842.75 \$9.09 \$1,720.87 \$9.04 \$1,194.47 \$3.98 \$1.851.13	3 Months 3 Months 1/60 Months 1/60 Months 1/60 Months 3 Months

	K0820 RR	Power Wheelchair, Group 2 Standard, Portable, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds	Day	Υ	\$8.35	3 Months
	K0821	Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds	Each	Υ	\$1,722.59	1/60 Months
	K0821 RR	Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds	Day	Y	\$8.81	3 Months
	K0822	Power Wheelchair, Group 2 Standard, Sling/Solid Seat/Back, Patient Weight Capacity Up		Y		
		To And Including 300 Pounds Power Wheelchair, Group 2 Standard, Sling/Solid Seat/Back, Patient Weight Capacity Up	Each		\$1,844.64	1/60 Months
	K0822 RR	To And Including 300 Pounds Power Wheelchair, Group 2 Standard, Captains Chair, Patient Weight Capacity Up To	Day	Y	\$8.98	3 Months
	K0823	And Including 300 Pounds Power Wheelchair, Group 2 Standard, Captains Chair, Patient Weight Capacity Up To	Each	Y	\$1,722.59	1/60 Months
	K0823 RR	And Including 300 Pounds Power Wheelchair, Group 2 Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity	Day	Y	\$8.31	3 Months
	K0824	301 To 450 Pounds Power Wheelchair, Group 2 Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity	Each	Y	\$2,687.41	1/60 Months
	K0824 RR	301 To 450 Pounds	Day	Υ	\$12.34	3 Months
	K0825	Power Wheelchair, Group 2 Heavy Duty, Captains Chair, Patient Weight Capacity 301 To 450 Pounds	Each	Y	\$2,693.75	1/60 Months
	K0825 RR	Power Wheelchair, Group 2 Heavy Duty, Captains Chair, Patient Weight Capacity 301 To 450 Pounds	Day	Υ	\$12.08	3 Months
	K0826	Power Wheelchair, Group 2 Very Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds	Each	Υ	\$4,491.27	1/60 Months
	K0826 RR	Power Wheelchair, Group 2 Very Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds	Day	Υ	\$19.95	3 Months
	K0827	Power Wheelchair, Group 2 Very Heavy Duty, Captains Chair, Patient Weight Capacity 451 To 600 Pounds	Each	Y	\$3,953.91	1/60 Months
	K0827 RR	Power Wheelchair, Group 2 Very Heavy Duty, Captains Chair, Patient Weight Capacity		Y		
		451 To 600 Pounds Power Wheelchair, Group 2 Extra Heavy Duty, Sling/Solid Seat/Back, Patient Weight	Day		\$18.44	3 Months
	K0828	Capacity 601 Pounds Or More Power Wheelchair, Group 2 Extra Heavy Duty, Sling/Solid Seat/Back, Patient Weight	Each	Y	\$5,235.64	1/60 Months
	K0828 RR	Capacity 601 Pounds Or More Power Wheelchair, Group 2 Extra Heavy Duty, Captains Chair, Patient Weight Capacity	Day	Y	\$26.79	3 Months
	K0829	601 Pounds Or More Power Wheelchair, Group 2 Extra Heavy Duty, Captains Chair, Patient Weight Capacity	Each	Y	\$5,251.65	1/60 Months
	K0829 RR	601 Pounds Or More Power Wheelchair, Group 2 Standard, Seat Elevator, Sling/Solid Seat/Back, Patient	Day	Y	\$28.25	3 Months
	K0830	Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 2 Standard, Seat Elevator, Sling/Solid Seat/Back, Patient	Each	Y	\$2,639.73	1/60 Months
	K0830 RR	Weight Capacity Up To And Including 300 Pounds	Day	Υ	\$11.37	3 Months
	K0831	Power Wheelchair, Group 2 Standard, Seat Elevator, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds	Each	Y	\$3,522.69	1/60 Months
	K0831 RR	Power Wheelchair, Group 2 Standard, Seat Elevator, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds	Day	Υ	\$11.37	3 Months
	K0835	Power Wheelchair, Group 2 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds	Each	Υ	\$2,273.40	1/60 Months
	K0835 RR	Power Wheelchair, Group 2 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds	Day	Υ	\$10.23	3 Months
	K0836	Power Wheelchair, Group 2 Standard, Single Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds	Each	Y	\$2,358.00	1/60 Months
	K0836 RR	Power Wheelchair, Group 2 Standard, Single Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds	Day	Y	\$10.61	3 Months
	K0837	Power Wheelchair, Group 2 Heavy Duty, Single Power Option, Sling/Solid Seat/Back,	Each	Y		1/60 Months
		Patient Weight Capacity 301 To 450 Pounds Power Wheelchair, Group 2 Heavy Duty, Single Power Option, Sling/Solid Seat/Back,			\$2,915.87	
	K0837 RR	Patient Weight Capacity 301 To 450 Pounds Power Wheelchair, Group 2 Heavy Duty, Single Power Option, Captains Chair, Patient	Day	Y	\$13.12	3 Months
	K0838	Weight Capacity 301 To 450 Pounds Power Wheelchair, Group 2 Heavy Duty, Single Power Option, Captains Chair, Patient	Each	Y	\$2,584.47	1/60 Months
	K0838 RR	Weight Capacity 301 To 450 Pounds Power Wheelchair, Group 2 Very Heavy Duty, Single Power Option, Sling/Solid	Day	Y	\$11.63	3 Months
	K0839	Seat/Back, Patient Weight Capacity 451 To 600 Pounds Power Wheelchair, Group 2 Very Heavy Duty, Single Power Option, Sling/Solid	Each	Y	\$3,873.27	1/60 Months
	K0839 RR	Seat/Back, Patient Weight Capacity 451 To 600 Pounds Power Wheelchair, Group 2 Extra Heavy Duty, Single Power Option, Sling/Solid	Day	Υ	\$17.43	3 Months
	K0840	Seat/Back, Patient Weight Capacity 601 Pounds Or More	Each	Υ	\$5,946.80	1/60 Months
	K0840 RR	Power Wheelchair, Group 2 Extra Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 601 Pounds Or More	Day	Υ	\$26.76	3 Months
	K0841	Power Wheelchair, Group 2 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds	Each	Υ	\$2,561.93	1/60 Months
	K0841 RR	Power Wheelchair, Group 2 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds	Day	Υ	\$11.53	3 Months
	K0842	Power Wheelchair, Group 2 Standard, Multiple Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds	Each	Υ	\$2,558.20	1/60 Months
	K0842 RR	Power Wheelchair, Group 2 Standard, Multiple Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds	Day	Y	\$11.51	3 Months
	K0843	weight Capacity up 10 And including 300 Pounds Power Wheelchair, Group 2 Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds	Each	Y	\$3,036.93	1/60 Months
		Power Wheelchair, Group 2 Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back,		Y		
	K0843 RR	Patient Weight Capacity 301 To 450 Pounds Power Wheelchair Group 3	Day	Y	\$13.67	3 Months
	K0848	Power Wheelchair, Group 3 Standard, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds	Each	Υ	\$5,126.27	1/60 Months
	K0848 RR	Power Wheelchair, Group 3 Standard, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds	Day	Υ	\$23.07	3 Months
	K0849	Power Wheelchair, Group 3 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds	Each	Y	\$4,928.53	1/60 Months
	K0849 RR	Power Wheelchair, Group 3 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds	Day	Y	\$22.18	3 Months
		Power Wheelchair, Group 3 Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity				
	K0850	301 To 450 Pounds Power Wheelchair, Group 3 Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity	Each	Y	\$5,946.20	1/60 Months
 	K0850 RR	301 To 450 Pounds Power Wheelchair, Group 3 Heavy Duty, Captains Chair, Patient Weight Capacity 301 To	Day	Y	\$26.76	3 Months
	K0851	450 Pounds Power Wheelchair, Group 3 Heavy Duty, Captains Chair, Patient Weight Capacity 301 To	Each	Y	\$5,717.33	1/60 Months
	K0851 RR	450 Pounds Power Wheelchair, Group 3 Very Heavy Duty, Sling/Solid Seat/Back, Patient Weight	Day	Y	\$25.73	3 Months
	K0852	Capacity 451 To 600 Pounds Power Wheelchair, Group 3 Very Heavy Duty, Sling/Solid Seat/Back, Patient Weight	Each	Y	\$6,870.47	1/60 Months
	K0852 RR	Capacity 451 To 600 Pounds	Day	Y	\$30.92	3 Months
	K0853	Power Wheelchair, Group 3 Very Heavy Duty, Captains Chair, Patient Weight Capacity, 451 To 600 Pounds	Each	Y	\$7,057.73	1/60 Months
	K0853 RR	Power Wheelchair, Group 3 Very Heavy Duty, Captains Chair, Patient Weight Capacity, 451 To 600 Pounds	Day	Υ	\$31.76	3 Months
	K0854	Power Wheelchair, Group 3 Extra Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 601 Pounds Or More	Each	Y	\$9,349.93	1/60 Months
	K0854 RR	Power Wheelchair, Group 3 Extra Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 601 Pounds Or More	Day	Υ	\$42.07	3 Months
	K0855	Power Wheelchair, Group 3 Extra Heavy Duty, Captains Chair, Patient Weight Capacity 601 Pounds Or More	Each	Y	\$8,952.40	1/60 Months
	K0855 RR	Power Wheelchair, Group 3 Extra Heavy Duty, Captains Chair, Patient Weight Capacity 601 Pounds Or More	Day	Y	\$39.75	3 Months
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	K0856	Power Wheelchair, Group 3 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds	Each	Υ	\$5,502.40	1/60 Months
	K0856 RR	Power Wheelchair, Group 3 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds	Day	Υ	\$24.76	3 Months
		Power Wheelchair, Group 3 Standard, Single Power Option, Captains Chair, Patient		Y		
	K0857	Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 3 Standard, Single Power Option, Captains Chair, Patient	Each		\$5,612.73	1/60 Months
	K0857 RR	Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 3 Heavy Duty, Single Power Option, Sling/Solid Seat/Back,	Day	Y	\$25.26	3 Months
	K0858	Patient Weight Capacity 301 To 450 Pounds Power Wheelchair, Group 3 Heavy Duty, Single Power Option, Sling/Solid Seat/Back,	Each	Y	\$6,826.93	1/60 Months
	K0858 RR	Patient Weight Capacity 301 To 450 Pounds	Day	Υ	\$30.72	3 Months
	K0859	Power Wheelchair, Group 3 Heavy Duty, Single Power Option, Captains Chair, Patient Weight Capacity 301 To 450 Pounds	Each	Υ	\$6,510.80	1/60 Months
	K0859 RR	Power Wheelchair, Group 3 Heavy Duty, Single Power Option, Captains Chair, Patient Weight Capacity 301 To 450 Pounds	Day	Υ	\$29.30	3 Months
	K0860	Power Wheelchair, Group 3 Very Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds	Each	Υ	\$9,753.13	1/60 Months
	K0860 RR	Power Wheelchair, Group 3 Very Heavy Duty, Single Power Option, Sling/Solid		Y		
		Seat/Back, Patient Weight Capacity 451 To 600 Pounds Power Wheelchair, Group 3 Standard, Multiple Power Option, Sling/Solid Seat/Back,	Day		\$43.89	3 Months
	K0861	Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 3 Standard, Multiple Power Option, Sling/Solid Seat/Back,	Each	Y	\$5,511.20	1/60 Months
	K0861 RR	Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 3 Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back,	Day	Y	\$24.80	3 Months
	K0862	Patient Weight Capacity 301 To 450 Pounds	Each	Υ	\$6,826.93	1/60 Months
	K0862 RR	Power Wheelchair, Group 3 Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds	Day	Υ	\$30.72	3 Months
	K0863	Power Wheelchair, Group 3 Very Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds	Each	Y	\$9,753.13	1/60 Months
	K0863 RR	Power Wheelchair, Group 3 Very Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds	Day	Υ	\$43.89	3 Months
		Power Wheelchair, Group 3 Extra Heavy Duty, Multiple Power Option, Sling/Solid				
	K0864	Seat/Back, Patient Weight Capacity 601 Pounds Or More Power Wheelchair, Group 3 Extra Heavy Duty, Multiple Power Option, Sling/Solid	Each	Y	\$11,606.27	1/60 Months
	K0864 RR	Seat/Back, Patient Weight Capacity 601 Pounds Or More Power Wheelchair Group 4	Day	Y	\$52.23	3 Months
	K0868	Power Wheelchair, Group 4 Standard, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds	Each	Y	\$5,273.81	1/60 Months
		Power Wheelchair, Group 4 Standard, Sling/Solid Seat/Back, Patient Weight Capacity Up				
	K0868 RR	To And Including 300 Pounds Power Wheelchair, Group 4 Standard, Captains Chair, Patient Weight Capacity Up To	Day	Y	\$17.01	3 Months
	K0869	And Including 300 Pounds Power Wheelchair, Group 4 Standard, Captains Chair, Patient Weight Capacity Up To	Each	Y	\$5,068.89	1/60 Months
	K0869 RR	And Including 300 Pounds	Day	Υ	\$16.35	3 Months
	K0870	Power Wheelchair, Group 4 Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds	Each	Υ	\$5,853.88	1/60 Months
	K0870 RR	Power Wheelchair, Group 4 Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds	Day	Y	\$18.88	3 Months
	K0871	Power Wheelchair, Group 4 Very Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds	Each	Y	\$7,106.71	1/60 Months
		Power Wheelchair, Group 4 Very Heavy Duty, Sling/Solid Seat/Back, Patient Weight				
	K0871 RR	Capacity 451 To 600 Pounds Power Wheelchair, Group 4 Standard, Single Power Option, Sling/Solid Seat/Back,	Day	Y	\$22.92	3 Months
	K0877	Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 4 Standard, Single Power Option, Sling/Solid Seat/Back,	Each	Y	\$5,669.56	1/60 Months
	K0877 RR	Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 4 Standard, Single Power Option, Captains Chair, Patient	Day	Y	\$18.29	3 Months
	K0878	Weight Capacity Up To And Including 300 Pounds	Each	Υ	\$5,782.93	1/60 Months
	K0878 RR	Power Wheelchair, Group 4 Standard, Single Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds	Day	Υ	\$18.65	3 Months
	K0879	Power Wheelchair, Group 4 Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds	Each	Y	\$7,061.03	1/60 Months
	K0879 RR	Power Wheelchair, Group 4 Heavy Duty, Single Power Option, Sling/Solid Seat/Back,	Day	Y	\$22.78	3 Months
		Patient Weight Capacity 301 To 450 Pounds Power Wheelchair, Group 4 Very Heavy Duty, Single Power Option, Sling/Solid				
	K0880	Seat/Back, Patient Weight 451 To 600 Pounds Power Wheelchair, Group 4 Very Heavy Duty, Single Power Option, Sling/Solid	Each	Y	\$9,923.60	1/60 Months
	K0880 RR	Seat/Back, Patient Weight 451 To 600 Pounds Power Wheelchair, Group 4 Standard, Multiple Power Option, Sling/Solid Seat/Back,	Day	Y	\$32.01	3 Months
	K0884	Patient Weight Capacity Up To And Including 300 Pounds	Each	Υ	\$5,678.53	1/60 Months
	K0884 RR	Power Wheelchair, Group 4 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds	Day	Υ	\$18.32	3 Months
	K0885	Power Wheelchair, Group 4 Standard, Multiple Power Option, Captains Chair, Weight Capacity Up To And Including 300 Pounds	Each	Y	\$5,678.53	1/60 Months
	K0885 RR	Power Wheelchair, Group 4 Standard, Multiple Power Option, Captains Chair, Weight Capacity Up To And Including 300 Pounds	Day	Y	\$18.32	3 Months
		Power Wheelchair, Group 4 Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back,				
+	K0886	Patient Weight Capacity 301 To 450 Pounds Power Wheelchair, Group 4 Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back,	Each	Y	\$7,061.03	1/60 Months
	K0886 RR	Patient Weight Capacity 301 To 450 Pounds Power Wheelchair Group 5	Day	Y	\$22.78	3 Months
	K0890	Power Wheelchair, Group 5 Pediatric, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 125 Pounds	Each	Y	\$7,946.19	1/60 Months
	K0890 RR	Power Wheelchair, Group 5 Pediatric, Single Power Option, Sling/Solid Seat/Back,				
		Patient Weight Capacity Up To And Including 125 Pounds Power Wheelchair, Group 5 Pediatric, Multiple Power Option, Sling/Solid Seat/Back,	Day	Y	\$25.63	3 Months
 	K0891	Patient Weight Capacity Up To And Including 125 Pounds Power Wheelchair, Group 5 Pediatric, Multiple Power Option, Sling/Solid Seat/Back,	Each	Y	P-\$ IC	1/60 Months
	K0891 RR	Patient Weight Capacity Up To And Including 125 Pounds	Day	Y	P-\$ IC	3 Months
Z7729,	K0108	Medical Stroller Type Mobility Device.			20.0	4/00 1: ::
E1399* Z4212,	K0108	Chest Strap	Each	Y	P-\$ I.C.	1/36 Months
E1399* Z4214,	K0108	Cushion Cover (Incontinence Cover)	Each	Y	\$30.09	1/12 Months
E1399*		·	Each	Υ	\$30.94	2/12 Months
Z7703, E1399*	K0108	Custom Seat And/Or Back For Wheelchair	Each	Υ	P-\$ I.C.	1/36 Months
Z4209, E1399*	K0108	Custom Seat Insert (Manufactured Specifically Per Patient Order) (have codes designated by cushion height)	Each	Υ	P-\$ I.C.	1/36 Months
	K0108	Custom, Complex, 3 Piece Occipital Head Rest With Hardware.	Each	Y	P-\$ I.C.	1/36 Months
Z7728,		Extra-Large (Greater Than 18 Wide Or 18 Deep) Low Pressure And Positioning Cushion.				
Z7728, E1399* Z7724,	K0108	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			P-\$ I.C.	1/36 Months
Z7728, E1399* Z7724, E1399* Z7710,	K0108	Fluid Supplement Pads	Each	Y		
Z7728, E1399* Z7724, E1399*			Each	Y	P-\$ I.C.	I.C.
Z7728, E1399* Z7724, E1399* Z7710, E1399* Z7705, E1399*	K0108	Fluid Supplement Pads Hardware For Custorn Seat And/Or Back				I.C. 1/36 Months
Z7728, E1399* Z7724, E1399* Z7710, E1399* Z7705, E1399* Z7726, E1399*	K0108 K0108	Fluid Supplement Pads Hardware For Custom Seat And/Or Back Leg Trough	Each	Y	P-\$ I.C.	
Z7728, E1399* Z7724, E1399* Z7710, E1399* Z7705, E1399* Z7726,	K0108	Fluid Supplement Pads Hardware For Custorn Seat And/Or Back	Each Each	Y	P-\$ I.C.	1/36 Months

Z7716; Z7717;			Special/Miscellaneous Hardware or Component For Power or Manual Wheelchair Not Otherwise Specified.							
Z7720; Z7721;										
Z7727; E1399*				Each	Y	P-\$ I.C.	I.C.			
Z7718, E1399*			Standby Switch For Use With Specially Controlled Power Mobility Device.	Each	Y	P-\$ I.C.	1/60 Months			
Z4099, E1399*		K0108	Subasis Bar (Swing Away Or Stationary)	Each	Υ	\$226.28	1/60 Months			
Z7706, E1399*		K0108	Thoracic Pads With Hardware	Each	Υ	P-\$ I.C.	2/36 Months			
Z7722, E1399*		K0108	Wheelchair Mount For Communication Device	Each	Y	P-\$ I.C.	1/36 Months			
			Changes							
Fees in bold	Fees in bold effective 1/1/18. Competitive bidding rates are noted in blue and effective 7/1/2016 - Face to Face column added 7/1/17									
			nly be used in conjuction with a Group 3 and above rehabilitative power wheelchairs.	Rates effective	ve 1/1/17.					
*K0108 new	code to repla	ace E1399 , fo	r any wheelchair item which was coded as an E1399 use K0108, W/C accessory							
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